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ABSTRACT

Presented is a competency based curriculum for the preparation of teachers of very young (0-6 years old) handicapped children which includes knowledge and application competencies in the areas of child growth and development, caregiving approaches, caregiving curriculum and physical environment, and self development and human relations. Competencies in child growth and development are listed for the following areas: theoretical, research, and applied bases of child growth and development; disabilities; family development; and health care and safety. Listed are competencies in caregiving approaches in terms of problem solving and models of early childhood education. Also included are competencies in curriculum and the physical environment; and competencies in self development and human relations which include basic communication skills, the learning environment, and personal and professional growth. A list of suggested readings follows each group of competencies. Also provided are a list of 83 possible field experiences (such as administering tests and observing a child in his home) and a glossary of approximately 60 terms (such as "caregiving" and "competence"). (DB)

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A COMPETENCY-BASED MODEL FOR THE PREPARATION OF TEACHERS OF VERY YOUNG HANDICAPPED CHILDREN, 1974

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The Ohio State University

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INTRODUCTION

In the state of Ohio and most states in the United States there are many programs which prepare teachers for nursery schools and day care centers for normal children. These programs are usually developmentally oriented, but lack content emphasis on the child with a disability or very young child, i.e., infant and toddler. Many of these same institutions prepare kindergarten and "special education" teachers; however, students do not receive preparation in working with very young children. Consequently, there is a need for programs to prepare teachers of very young children with disabilities.

This document is part of a program to prepare teachers of young children aged 0-6 with a disability (i.e., mental retardation, cerebral palsy, epilepsy, physical handicaps, visual impairment, and hearing impairment). The program was developed by the Department of Family Relations and Human Development, School of Home Economics at The Ohio State University and was funded by the Division of Personnel Preparation, Bureau of Education for the Handicapped, U.S. Office of Education. It is based on five assumptions: (1) A young child with a disability can benefit from an educational program; (2) The earlier and more continuous the child is enrolled in an educational program the greater the developmental payoff; (3) A competent teacher is essential, if a child's participation in an educational program is to have maximal developmental payoff; (4) Good teachers are not born, they are trained to use themselves as competent educational decision makers and teachers; and (5) No single curriculum approach works equally well for all people, in all places, at all times, or for all children.

The program is competency oriented. Research on teaching and teacher preparation programs have documented the fact that the number and relevance of college courses completed and the quality of a grade point average do not predict teaching behavior or capability; it is one thing to know something and another to be able to do something with it. Consequently, it is the philosophy of this program that teaching is both a science and an art form. The science comes from research. It is all we think we know about teachers, children, curriculum, and the allied areas that make up education. The art form comes from the teacher's daily coalescing of the science of education into the act of teaching. Science does not tell the teacher what to do from moment-to-moment with all the Johnny's and Mary's in their class. The artistic judgments of the teacher in deciding how best to deal with a child in the various developmental and curriculum areas cannot be predetermined for all teachers in all classrooms. The variables that interplay in teaching a child are simply too complex and the current state of scientific knowledge too limited for such a meta-science. On the other hand, just as theoretical models enable engineers, architects, chemists, and physicists to design structures and predict outcomes so can they enable teachers to design materials and anticipate outcomes of learning situations.

This document presents the knowledge, application and experience components of a model for preparing teachers of very young children with a disability. The competency orientation of the program model requires that prospective teachers not only acquire a strong knowledge base in child growth and

development, disabilities, caregiving approaches, curriculum, and self-development and human relations; but also demonstrate an ability to apply their knowledge in real-life settings.

The document is organized into the following four sections: (1) Bases of Child Growth and Development, (2) Caregiving Approaches, (3) Caregiving Curriculum and Physical Environment, and (4) Self-Development and Human Relations. For each section a knowledge component and application component are stated. The knowledge component outlines the knowledge base a trainee must possess within each section. The application component suggests performance indicators for each knowledge component. The performance indicators stated are not exhaustive of the possibilities; rather, they are intended as a resource to be used by the instructors of the knowledge components to help them plan expectation levels for trainee's performance.

All four sections of the document are interrelated and interdependent. They are presented separately simply to facilitate clarity of presentation and ease incorporation into the ongoing classes of the university. Our training model assumes a competent teacher of young children with a disability must embody the totality or Gestalt of all competencies presented in the four sections.

Each section is preceded by an introduction and followed by a list of suggested readings. The purpose of the introduction is to: (1) Explain any special assumptions underlying the section; and (2) clarify anticipated points of confusion. The suggested readings at the end of each section list reference materials which elaborate upon the competencies presented in the section.

An experience component and glossary are included after the presentation of the knowledge and application components for the four sections. The purpose of the experience component is to suggest trainee activities which cut across the four sections of the document. The activities suggested are not intended to be exhaustive; rather, they are intended to be examples which course instructors and practicum supervisors may use to help trainees assimilate and accommodate the competencies presented in this document into the art of teaching. The glossary at the end of the document is also intended to help translate the competencies into workable skills. It defines how terms are used in the document.

Since parents are considered by this program to be central to the lives of young children, a separate section of the document on parents was not included. Instead, implications for parent education and parent involvement were included as parts of the competency components for all four sections.

The following is an example of a typical page and a legend for the layout of the page.

① I. BASES OF CHILD GROWTH AND DEVELOPMENT:	② 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT ③ 2. LANGUAGE DEVELOPMENT
④ KNOWLEDGE COMPONENT	⑤ APPLICATION COMPONENT
⑥ A-1. Knowledgeable about bases of <u>language development</u> in the preschool years. ⑧ 1. Has knowledge of major stages and processes in language development. 2. Has knowledge of the sequence of development of the beginnings of speech.	⑦ A-2. Able to apply knowledge of the bases of <u>language development</u> in the preschool years. ⑨ 1. Can plan a component of a parent education program on: a) the knowledge base of language development b) activities to stimulate language development.

Legend

1. The Section Title states the broad area of the Section.
2. The Sub-Section identifier states the more specific area of the Section.
3. The Section Topic states the more specific area of the Sub-Section.
4. The Knowledge Component states the broad knowledge base.
5. The Application Component states the broad application base.
6. The Sub-Items of knowledge state the areas of the knowledge base.
7. The Sub-Items of application state the areas of the application base.
8. The Specific-Items of knowledge state the specific areas of the knowledge base.
9. The Specific-Items of application state the specific areas of the application base.

This document was used as a foundation for building a training program which includes appropriate coursework and practicum experiences. Initially, the competency areas of knowledge and applications were sent to departments in the University offering coursework in the knowledge areas identified in the document. The Chairpersons of the respective departments were requested to: a) indicate which departmental courses currently cover the different knowledge components; and b) indicate which of the application components were currently part of the existing courses and which components may be included in those courses. In addition, the application and suggested experiences sections were sent to potential practicum sites outside of The Ohio State University and other existing field-based practicum sites. The centers were requested to: a) state those application areas and suggested experiences currently provided by that site; and b) indicate which of the application and experience components the center would be able to accommodate in the future.

The results of the data collected were used to build a curriculum to prepare teachers of very young children with disabilities. The knowledge and application areas spelled out in this document were matched to existing courses, and in the instances where a void was discovered a new course was created. Likewise, the application components and selected experiences were matched with practicum sites and new practicum experiences were created to meet training needs not already satisfied. Exact performance levels expected from trainees will continue to evolve from the evaluation of trainees experiences. In this way a program was developed which took into account the curriculum, field experiences, and performance of trainees while, at the same time, being capable of financial and logistical absorption into the

on-going University programs. Other institutions may want to engage in a similar developmental process. It is our hope that this document may serve as a valuable springboard in developing personnel training programs for teachers of young children with disabilities.

COMPETENCY COMPONENT

SECTION I: BASES OF CHILD GROWTH AND DEVELOPMENT

1. Theoretical, Research, and Applied Bases of Child Growth and Development: A. Theoretical Orientations; B. Genetic and Prenatal Factors; C. Physical Development; D. Cognitive Development; E. Language Development; F. Socio-Emotional Development (pp. 2 - 11)

2. Disabilities (pp. 12 - 14)

3. Family Development (pp. 15 - 17)

4. Health Care and Safety: A. Nutrition; B. First Aid; C. Communicable Diseases and Immunizations; D. Safety (pp. 18 - 21)

5. Suggested Readings (pp. 22 - 24)

Guide: The study of child development involves the nature and process of changes which occur in the child as he progresses toward maturity. This section provides a basic framework for understanding the behavior and growth of the young child. In reading this section, please be aware of the following:

1. The specific areas of development that we have listed (genetic and prenatal factors, physical development, cognitive development, language development, and socio-emotional development) are meant to be viewed as parts of a whole. Teachers must be aware of the interrelatedness and complexity of growth. Physical growth cannot be understood without a knowledge of cognitive development, nor can cognitive functioning be viewed apart from language development, and so on. Of course, the genetic predisposition of the child is a base for all other factors of development.

2. In addition to knowledge of normal development, teachers of handicapped children also need to have specific knowledge of the various disabilities with which they are likely to come in contact. Handicapped children <u>are</u> different from normal children, some in just a few ways, some in many ways. Often, the degree of difference is related to the type and severity of the disability, and thus it is important for the teacher to be as informed as possible.

3. The behavior of the child cannot be studied without also studying the settings in which he functions. The child does not develop apart from the family, but rather in response to his family. It is especially important to understand how the presence of the child with a disability affects the family and how that family's actions affect the child in turn.

4. Basic health care, including nutrition, first aid, control of communicable diseases, and safety, are important in the nurturance of every human being, but the teacher should be alert for certain areas of special importance for the handicapped child.

5. A list of suggested readings has been prepared to correspond to each subsection. These are by no means the only materials available, but ones the Project Staff found helpful.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: (1) THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
(2) DISABILITIES
(3) FAMILY DEVELOPMENT
(4) HEALTH CARE AND SAFETY
(5) SUGGESTED READINGS

1. The trainee will have competence in knowledge and application of the theoretical, research, and applied bases of child growth and development: (A) Theoretical Orientations; (B) Genetic and Prenatal Factors; (C) Physical Development; (D) Cognitive Development; (E) Language Development; (F) Socio-Emotional Development.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about <u>theoretical orientations</u> to child development (i.e., psychoanalytic, maturational, learning, and cognitive). 1. Has knowledge of major theorists (e.g., Erikson, Gesell, Bijou and Baer, Piaget), basic terms, and dynamics of development within each theoretical orientation. 2. Has knowledge of similarities and differences between theoretical orientations. 3. Has knowledge of strengths and weaknesses of each theoretical orientation for working with the infant and preschool child with a disability. 4. Has knowledge of curricular implications of each theoretical orientation. 5. Has knowledge of findings and can raise relevant questions concerning current research on each theoretical orientation.	A-2. Able to apply knowledge of <u>theoretical orientations</u> to child development (i.e., psychoanalytic, maturational, learning, and cognitive). 1. Can explain cognitive, language, socio-emotional, and psychomotor development from the perspective of each theoretical orientation. 2. Can assess, from the perspective of each theoretical orientation, the developmental needs of an infant and preschool child. 3. Can locate the child's developmental stage within each of the theoretical orientations and explain child's behavior from the perspective of each major theoretical orientation. 4. Can apply specific principles of development from each theoretical orientation to facilitate growth and development of the infant and preschool child with a disability (e.g., using play therapy, Gesellian age-stage expectations, behavior modification, Piaget-based curriculum, clinical interview).

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
B. GENETIC AND PRENATAL FACTORS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about the genetic and prenatal factors of development. 1. Has knowledge of the factors and processes involved in conception and hereditary transmission. 2. Has knowledge of the genetic mutations which result in a child with a disability (e.g., metabolic disorder - phenylketonuria; chromosomal aberration - Down's syndrome). 3. Has knowledge of the process of prenatal development and the influences of the prenatal environment on prenatal development. 4. Has knowledge of the birth process and its consequences (e.g., how birth injury can result in cerebral palsy, effects of anoxia and hypoxia on development of disabilities). 5. Has knowledge of the developmental vulnerability of the newborn as a function of: a) prematurity (e.g., incidence of disability among premature infants) b) sex (e.g., higher percentage of males in most disabilities) c) social class (e.g., higher percentage of cultural-familial retardation among lower socio-economic groups).	B-2. Able to apply knowledge of the genetic and prenatal factors of development. 1. Can identify the influences of genetic and prenatal factors on development of children with disabilities. 2. Can answer parents' simple questions on genetics and can refer parents to available printed material and community resources for genetic counseling. 3. Can respond to a child's questions about "where babies come from" and utilize events and materials (e.g., pregnant pets and pregnant parents) in the explanation,

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
C. PHYSICAL DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about the physical changes occurring in infant and preschool children. 1. Has knowledge of the physical response capabilities, basic needs, and developmental milestones of infancy (e.g., visually-directed reaching, sitting, creeping, standing, walking). 2. Has knowledge of the pattern of body growth and maturational stages of the infant and preschool years. 3. Has knowledge of how physical changes differ from the "normal" child in the infant and preschool child with a disability. 4. Has knowledge of sensory development (i.e., tactile, olfactory, auditory, visual, and gustatory) and its curricular implications in infants and preschool children. 5. Has knowledge of the developmental sequences for gross motor, fine motor, sensori-motor, and early neurological development leading to adaptive motor behaviors.	C-2. Able to apply knowledge of the physical changes occurring in infant and preschool children. 1. Can plan a component of a parent education program on the: a) physical changes occurring in infant and preschool children b) activities to stimulate physical development. 2. Can develop a functional profile of an infant or preschool child's physical development, using formal and informal tests and procedures. 3. Can plan a component of a Caregiving Program which promotes physical development in infant and preschool children.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
C. PHYSICAL DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
6. Has knowledge of activities, equipment, and materials which support gross motor, fine motor, sensori-motor, and early neurological development for the infant and preschool child with a disability. 7. Has knowledge of how physical damage affects intellectual development (e.g., child abuse, head injuries). 8. Has knowledge of findings and can raise relevant questions concerning current research on gross motor, fine motor, sensori-motor, and early neurological development. 9. Has knowledge of informal and formal tests and procedures for assessing child's physical development (e.g., physical development growth charts, Bayley Scales of Infant Development - PDI, Frostig Developmental Test of Visual Perception, The Denver Auditory Screening Test).	

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
D. COGNITIVE DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
D-1. Knowledgeable about the bases of cognitive development in the infant and preschool years. 1. Has knowledge of the units of cognitive activity (e.g., schemata, images, symbols, and rules). 2. Has knowledge of the processes of cognitive activity (i.e., perception and interpretation, memory, generation of hypothesis, evaluation, implementation of transformational rules). 3. Has knowledge of the pattern of cognitive development in the infant and preschool years (e.g., Piaget, Bruner, Hebb, Kohlberg). 4. Has knowledge of the bases and characteristics of the creative process and person. 5. Has knowledge of the role of motives, expectancy, and anxiety in cognitive development. 6. Has knowledge of informal and formal tests and procedures for assessing cognitive development in the infant and preschool years (e.g., observation, DDIEP Infant Stimulation Curriculum, Denver Developmental Screening Test, Stanford-Binet Intelligence Test, Bayley's Scales of Infant Development, Developmental Profile).	D-2. Able to apply knowledge of the bases of cognitive development in the infant and preschool years. 1. Can plan a component of a parent education program on: a) knowledge bases of cognitive development b) activities to stimulate cognitive development and creativity. 2. Can develop a functional profile of a child's level of cognitive development and creativity, using informal and formal tests and procedures. 3. Can select a toy and identify ways the toy may be used to promote cognitive development and creativity. 4. Can plan a component of a Caregiving Program which promotes cognitive development and creativity. 5. Can promote parent involvement in planning and implementing the cognitive component of the Caregiving Program. 6. Can utilize results of the major intelligence tests (e.g., McCarthy, Bayley, Stanford-Binet, Wechsler) for the infant and preschool child in curriculum planning.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT

D. COGNITIVE DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
7. Has knowledge of the effects of personality, test situation, and tester on intelligence test performance.	7. Can utilize knowledge of the literature to respond to questions about intelligence (e.g., the validity of the I.Q. test for determining disability, the cultural bias of I.Q. tests, the maleability of human intelligence).
8. Has knowledge of what Intelligence Quotient is, how it is measured, what it means, and its maleability.	
9. Has knowledge of the effects of heredity, environment, and social class on intelligence.	
10. Has knowledge of findings and can raise relevant questions concerning current research on cognitive development in the infant and preschool years.	

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
E. LANGUAGE DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
E-1. Knowledgeable about the bases of language development in the infant and preschool years. 1. Has knowledge of the major stages and processes in language development. 2. Has knowledge of theoretical orientations (e.g., Skinner, Social Learning, Chomsky, Brown, and Slobin) to language development. 3. Has knowledge of the sequence of development of the beginnings of speech. 4. Has knowledge of the relationship between language and cognition. 5. Has knowledge of the cultural influences (including bilingualism) on language development. 6. Has knowledge of informal and formal tests of language development (e.g., observation, Language Development Inventory, Zimmerman Preschool Language Scale, Bzoch-League Receptive-Expressive Emergent Scale, Peabody Picture Vocabulary Test). 7. Has knowledge of alternatives to verbal communication (language boards, sign language, body language).	E-2. Able to apply knowledge of the bases of language development in the preschool years. 1. Can plan a component of a parent education program on: a) the knowledge bases of language development b) activities to stimulate language development. 2. Can promote parent involvement in planning and implementing the language component of the Caregiving Program. 3. Can develop a functional profile of a child's language development, using informal and formal tests and procedures. 4. Can plan a language development component of a Caregiving Program based on each of the theoretical orientations (e.g., Skinner, Social Learning, Chomsky, Brown, and Slobin) to language development. 5. Can identify the strengths and weaknesses of each theoretical orientation (e.g., Skinner, Social Learning, Chomsky, Brown, and Slobin) to language development for working with a child with a disability.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
E. LANGUAGE DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
8. Has knowledge of findings and can raise relevant questions concerning current research on language development.	6. Can use communication boards effectively for the child with no verbal language capability. 7. Can help non-verbal child to develop confidence in his ability to communicate through an alternative method (visually, tactually, etc.).

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
F. SOCIO-EMOTIONAL DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
F-1. Knowledgeable about the bases of socio-emotional development in infant and preschool children. 1. Has knowledge of the development of self concept, particularly in the preschool child with a disability. 2. Has knowledge of patterns in the development of socialization. 3. Has knowledge of the consequences of interaction or lack of interaction with caregiver(s). 4. Has knowledge of the bases of hostility, aggression, fear, and anxiety. 5. Has knowledge of the bases of dependency and the development of independence. 6. Has knowledge of the importance of success to motivation. 7. Has knowledge of the bases of conscience development and prosocial behavior. 8. Has knowledge of the role of the home environment in personality development and social learning. 9. Has knowledge of the process of identification and sex-typing.	F-2. Able to apply knowledge of socio-emotional development in infant and preschool children. 1. Can develop a functional profile of a child's socio-emotional development, using informal and formal tests and procedures. 2. Can plan a component of a Caregiving Program which promotes socio-emotional development. 3. Can plan activities for infant and preschool children which maintain and build parent-child bonds (e.g., builds on and enhances the cultural values and parenting style of the child's parents, maintains and enhances primary attachment to parents while decreasing separation anxiety). 4. Can help child to accept limitations in certain areas, while at the same time motivating child to succeed in other areas (e.g., help child to accept fact he cannot walk, but search for and develop other methods of locomotion). 5. Can accept each child as a valuable individual regardless of race, handicap, or social background, and can help other children do the same.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 1. THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT
F. SOCIO-EMOTIONAL DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
10. Has knowledge of the basic patterns of and cultural differences in child rearing in the United States (e.g., amount of verbal interaction with an infant, eating and sleeping patterns, type of discipline).	6. Can facilitate the development of independence to build self-esteem and prepare for adulthood.
11. Has knowledge of the basic patterns present at birth (i.e., Brazelton's Quiet baby, Average baby, Active baby) and individual differences among infants.	7. Can promote parent involvement in planning and implementing the socio-emotional component of the Caregiving Program, especially in promoting independence, while maintaining parent-child bonds and cultural heritage.
12. Has knowledge of informal and formal tests and procedures for assessing a child's socio-emotional development (e.g., observation, interview, Self-Social Construct Test, Vineland Social Maturity Scale, Cincinnati Autonomy Test Battery).	8. Can plan a component of a parent education program on the socio-emotional factors in infant and preschool development, patterns of child rearing, and activities to stimulate socio-emotional development.
13. Has knowledge of findings and can raise relevant questions concerning current research on socio-emotional development in infant and preschool children.	

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 2. DISABILITIES

2. The trainee will have competence in knowledge and application of disabilities.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about disabilities in infant and preschool children. 1. Has knowledge of major disabilities (e.g., mental retardation, Down's syndrome, cerebral palsy, congenital deafness, congenital blindness, multiply handicapped, autism, epilepsy), including awareness of: a) probable causes (e.g., hereditary factors, prenatal conditions, birth injury, postnatal environmental conditions) b) major physical, mental, and social characteristics (e.g., physical abnormalities, level of mental functioning, bizarre behavior patterns) c) general pattern of development d) variations characteristic within each disability e) frequent medical problems (e.g., heart conditions, susceptibility to respiratory infections, swallowing and chewing problems, hypertonic and hypotonic muscle tone, bed sores) f) medical treatment prescribed (e.g., medication, surgery, glasses, hearing aid) g) effects of medical treatment on behavior (e.g., hyperactivity, listlessness, sensitivity to sound)	A-2. Able to apply knowledge of disabilities in infant and preschool children. 1. Can recognize specific abnormal physical, cognitive, language, sensory and socio-emotional development. 2. Can assess physical, cognitive, language, socio-emotional development, and adaptive behavior development of the infant or preschool disabled child, using and/or adapting informal and formal tests and procedures. 3. Can demonstrate methods to remediate abnormal behavior patterns (e.g., hyperactivity, "autistic-like" behaviors). 4. Can demonstrate proper handling of disabled child in carrying, sitting, and feeding. 5. Can work as a member of an interdisciplinary team to meet the developmental needs of the disabled child. 6. Can identify, from parents and records, children who are receiving special medical attention, and can carry out authorized prescriptions (e.g., make sure child wears glasses, uses hearing aid, takes medication).

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 2. DISABILITIES

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
h) potentials for productive adulthood i) implications for curriculum planning. 2. Has knowledge of the functions of the caregiving team (physician, physical therapist, occupational therapist, speech therapist, social worker, psychologist, parents, siblings, volunteers, teacher) for each disability. 3. Has knowledge of the multiple ways in which the disabled child is like the normal child and different from the normal child in: a) mental characteristics b) sensory abilities c) physical characteristics d) social and emotional behavior e) communication abilities. 4. Has knowledge of strengths and weaknesses of assessment tools and alternative tools (e.g., Fiorentino Reflex Evaluation, Milani-Comparetti Routine Developmental Examination) for the child with minimum motor skills. 5. Has knowledge of the implications for educating the disabled child (i.e., modifications of normal teaching techniques and/or objectives). 6. Has knowledge of advantages and disadvantages of the "mainstreaming" approach.	7. Can plan a component of a parent education program on: a) mental characteristics b) sensory abilities c) physical characteristics d) socio-emotional behavior e) communication abilities of the infant or preschool child with a disability. 8. Can effectively evaluate child to determine advisability of "mainstreaming." 9. Can effectively integrate the handicapped child and the normal child (i.e., handicapped child into normal class and normal "model" into special class). 10. Can design a home-based program that is particular to a given child's ability and the family's pattern of living. 11. Can identify the coping mechanisms of individual children in the classroom and facilitate the development of coping mechanisms.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 2. DISABILITIES

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
7. Has knowledge of future school placement options for disabled child (e.g., regular classroom, special class, residential school). 8. Has knowledge of how the disabled child copes with his world (i.e., compensates, adapts, communicates, solves problems). 9. Has knowledge of the findings and can raise relevant questions concerning current research on disabilities in infant and preschool children.	

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 3. FAMILY DEVELOPMENT

3. The trainee will have competence in knowledge and application of the basic components of family development.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about <u>family development</u>. 1. Has knowledge of the conceptual frameworks used in family analysis (e.g., institutional, interactional, situational, structural-functional, developmental). 2. Has knowledge of basic and derived functions of the family (e.g., affection, personal security, acceptance, socialization). 3. Has knowledge of developmental stages and developmental tasks at each stage of the family life cycle (e.g., beginning family, childbearing, preschool). 4. Has knowledge of traditional (e.g., nuclear, extended) and variant family forms/structures (e.g., one-parent, communal, dual-career). 5. Has knowledge of the effects of subculture membership (e.g., class, ethnicity, race, religion) on the family. 6. Has knowledge of familial roles and interaction patterns. 7. Has knowledge of the basic factors of familial disorganization/reorganization and their effects on the family.	A-2. Able to apply knowledge of <u>family development</u>. 1. Can explain the strengths and weaknesses of each conceptual framework for understanding the family (e.g., the interactional framework: <u>strength</u> - especially useful in studying communication and conflict; <u>weakness</u> - views the family as a closed system). 2. Can assess a child's family background (e.g., family structure, subculture membership, familial roles and interaction, level of functioning, developmental stage) and select instructional strategies which complement and supplement the child's home environment. 3. Can assess a family at a developmental stage which takes into account demographic factors and subculture membership. 4. Can assess a family's stage of acceptance of a child's disability. 5. Can plan the environment of the Care-giving Program to complement and supplement the family's net system of support.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 3. FAMILY DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
8. Has knowledge of basic patterns of parenting (e.g., autocratic, democratic, laissez-faire).	6. Can plan a parent education program which is based on the participating family's structure, subculture membership, familial roles and interaction patterns, level of functioning, developmental stage, and stage of acceptance of child's disability.
9. Has knowledge of contemporary theories of effective parenting (e.g., Gordon, Patterson, Dinkmeyer, Spock, LeShan, Dreikurs, Dodson).	7. Can identify and refer parents to appropriate service persons, organizations, and resources available in the community to help in particular crisis situations.
10. Has knowledge of how the handicapped child affects the family, including: a) knowledge of stages of acceptance of disabled child (e.g., Solnit's "mourning process," Wolfensberger's three types of crises) b) knowledge of how stage of parental acceptance (or denial) can affect family's total relationship with their child c) knowledge of sibling relationships (i.e., reactions normal sibling(s) have toward handicapped child and repercussions in the family) d) knowledge of effects of socio-economic status (i.e., effects of lack of money on family).	8. Can assist parent in progressing through the "mourning process" and coping with crises. 9. Can help parents re-evaluate expectancies and form realistic goals for their child. 10. Can assist a family in developing a pattern of effective parenting which promotes the development of all family members.
11. Has knowledge of different "coping mechanisms" families use to deal with stress situations (e.g., repression, intellectualization, denial).	11. Can plan a parent involvement program or a parents-helping-parents component of a Caregiving program.
12. Has knowledge of responsibility of professionals to help <u>families</u> of handicapped children.	12. Can identify the legal rights of children and parents and show how they are integrated into the Caregiving program.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 3. FAMILY DEVELOPMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
13. Has knowledge of various techniques for helping families live and cope with stress situations (e.g., teacher-parent conferences, home visits, group parent meetings, group counseling).	13. Can identify the legal responsibilities of parents and teachers and demonstrate how these are met in a given Caregiving Program.
14. Has knowledge of resource materials available to parents of handicapped children.	
15. Has knowledge of various service alternatives available for helping families live with stress arising from presence of handicapped child in home (e.g., respite care, parent associations, counseling services).	
16. Has knowledge of future placement options for individual child.	
17. Has knowledge of the legal: a) rights of children b) rights and responsibilities of parents c) rights and responsibilities of teachers with regard to participating in the Caregiving Program.	

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 4. HEALTH CARE AND SAFETY

4. The trainee will have competence in knowledge and application of the elements of Health Care and Safety: (A) Nutrition; (B) First Aid; (C) Communicable Diseases and Immunizations; (D) Safety.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about <u>nutrition</u>. 1. Has knowledge of foods necessary for normal, balanced nutrition. 2. Has knowledge of common nutritional problems for infants and preschool children. 3. Has knowledge of nutritional problems connected with certain disabilities (e.g., cerebral palsy - chewing and swallowing problems; phenylketonuria - amino acid disorders). 4. Has knowledge of the effects of medication on nutrition (e.g., how soon before or after receiving medication can child eat; certain foods child should not eat while on medication). 5. Has knowledge of physical and behavioral symptoms of poor nutrition in infant and preschool children with various disabilities.	A-2. Able to apply knowledge of <u>nutrition</u>. 1. Can assess the nutrition component of the Caregiving Program. 2. Can identify and utilize available resources and appropriate standards in planning the nutrition component of the Caregiving Program. 3. Can plan a component of a parent education program on nutrition. 4. Can plan snacks and meals which are nutritionally balanced but present a variety of textures, smells, and colors.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 4. HEALTH CARE AND SAFETY
B. FIRST AID

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about <u>first aid</u>. 1. Has knowledge of general first aid. 2. Has knowledge of particular first aid associated with individual disabilities (e.g., heart disease and Down's syndrome; choking when eating and cerebral palsy; seizures and epilepsy). 3. Has knowledge of equipment and materials necessary for first aid, including items particularly relevant to individual needs or connected with a disability (e.g., first aid kit, pillows for epileptic seizures). 4. Has knowledge of first aid services available in the community (e.g., Red Cross, emergency squad, poison control center, burn center, health department).	B-2. Able to apply knowledge of <u>first aid</u>. 1. Can successfully complete Red Cross first aid program. 2. Can demonstrate correct procedures for administering first aid, including seizures. 3. Can locate first aid services available in a given community and develop a parents' guide to services and procedures for using services. 4. Can assess the first aid component of the Caregiving Program. 5. Can identify and utilize available resources and appropriate standards in planning the first aid component of the Caregiving Program. 6. Can plan a component of a parent education program on first aid and help parents particularize to their home and family.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 4. HEALTH CARE AND SAFETY
C. COMMUNICABLE DISEASES

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about communicable diseases. 1. Has knowledge of etiology, characteristics, and prognosis of childhood communicable diseases (e.g., impetigo, common cold, measles, chicken pox, mumps, scarlet fever, polio, influenza). 2. Has knowledge of techniques and procedures for decreasing communicability of childhood diseases. 3. Has knowledge of immunization schedule currently recommended for children. 4. Has knowledge of services available in the community for treating childhood diseases (e.g., doctors, hospitals, clinics, health departments). 5. Has knowledge of special care needs of children with disabilities who are experiencing a communicable disease.	C-2. Able to apply knowledge of communicable diseases. 1. Can recognize symptoms of common communicable diseases. 2. Can take appropriate action to isolate sick child from group and notify parents and/or medical personnel. 3. Can check health records of child to compare with recommended immunization schedule and advise parents accordingly. 4. Can locate services available in a given community for treating childhood diseases and develop a parents' guide to services and procedures for using services.

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 4. HEALTH CARE AND SAFETY
D. SAFETY

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
D-1. Knowledgeable about <u>safety</u>. 1. Has knowledge of the necessity for a safe environment (car, bus, home, school). 2. Has knowledge of safety equipment and precautions necessary in the Caregiving Program (e.g., storage of sharp objects, poisonous items such as cleaning equipment, fire extinguisher). 3. Has knowledge of safe use of common materials and equipment used in the Caregiving Program (e.g., carpentry table, electrical appliances). 4. Has knowledge of safe handling of children with specific disabilities (e.g., hydrocephalia, spina bifida, cerebral palsy, child wearing braces or casts).	D-2. Able to apply knowledge of <u>safety</u>. 1. Can assess the safety component of the Caregiving Program. 2. Can implement appropriate standards of safety in the Caregiving Program (e.g., conduct fire drills, supervise use of play materials in a safe manner). 3. Can plan a component of a parent education program on safety. 4. Can identify potential safety hazards in car, bus, home, and school, and take preventive action to prohibit accidents. 5. Can help parents "child-proof" home of health and safety hazards (e.g., poisons, sharp objects, breakable objects).

I. BASES OF CHILD GROWTH AND DEVELOPMENT: 5. SUGGESTED READINGS

THEORETICAL, RESEARCH, AND APPLIED BASES OF CHILD GROWTH AND DEVELOPMENT

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3. Fraiberg, Selma H. The Magic Years. New York: Scribner, 1959.

4. Gesell, Arnold. The First Five Years of Life. New York: Harper and Row, 1940.

5. Gordon, Ira J. The Infant Experience. Columbus, Ohio: Charles E. Merrill Publishing Company, 1975.

6. Hellmuth, Jerome (ed.). Exceptional Infant, Volume I, The Normal Infant. New York: Brunner/Mazel, Inc., 1967.

7. Mussen, Paul, John Conger, and Jerome Kagan. Child Development and Personality. New York: Harper and Row, 1973.

8. Stone, L. Joseph, Henrietta T. Smith, and Lois B. Murphy (eds.). The Competent Infant, Research and Commentary. New York: Basic Books, 1973.

9. Watson, Robert I., and Henry C. Lindgren. Psychology of the Child. New York: J. Wiley and Sons, 1973.

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10. Bardwell, Ann, and Fred Krieg. Knowing the Child with Special Needs. Washington, D.C.: Office of Child Development, 1973.

11. Downey, John A., and Niels L. Low (eds.). The Child with Disabling Illness: Principles of Rehabilitation. New York: W. B. Saunders Company, 1974.

12. Farrell, Gordon. Congenital Mental Retardation. Austin, Texas: University of Texas Press, 1969.

13. Finnie, Nanci R. Handling the Young Cerebral Palsied Child at Home. Edited by Una Haynes. New York: E. P. Dutton and Company, Inc., 1970.

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15. Karnes, Merle B, Conference Chairman. Not All Little Wagons Are Red. Edited by June B. Jordan and Rebecca F. Dailey. Arlington, Virginia: Council for Exceptional Children, 1973.

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18. Robinson, Halbert B. and Nancy M. Robinson. The Mentally Retarded Child. New York: McGraw-Hill, 1965.

19. Smith, David W., and Ann Asper Wilson. The Child with Down's Syndrome (Mongolism). Philadelphia: W. B. Saunders Company, 1973.

FAMILY DEVELOPMENT

20. Eshelman, J. Ross. The Family: An Introduction. Boston: Allyn and Bacon, Inc., 1974.

21. Grossman, Frances. Brothers and Sisters of Retarded Children: An Exploratory Study. Syracuse, New York: Syracuse University Press, 1972.

22. Ross, Alan O. The Exceptional Child in the Family. New York: Grune and Stratton, 1964.

23. Smith, Rebecca M. Klemer's Marriage and Family Relationships. Second Edition. New York: Harper and Row, 1970.

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24. Consumer and Food Economics Institute, Agricultural Research Service. Family Fare - A Guide to Good Nutrition. U.S. Department of Agriculture, Home and Garden Bulletin, No. 1. Washington, D.C.: U.S. Government Printing Office, 1970.

25. McEnery, E.T., and Margaret Jane Suydam. Feeding Little Folks. Chicago: National Dairy Council, 1974.

26. Red Cross. United States. American National Red Cross. Standard First Aid and Personal Safety. Garden City, New York: Doubleday, 1973.

27. Reed, Sandra D. Health Is - Everything. Greensboro, North Carolina: Demonstration Project Grant No. D-256, University of North Carolina at Greensboro, 1971.

28. U.S. Department of Health, Education and Welfare. Public Health Service. Health Services and Mental Health Administration. Maternal and Child Health Service. Feeding the Child With a Handicap. Washington, D.C.: U.S. Government Printing Office, 1967.

29. University of North Carolina at Greensboro. Assuring Safety and Protecting Health. Greensboro, North Carolina: Demonstration Project Grant No. D-256, University of North Carolina at Greensboro, 1969.

SECTION II: CAREGIVING APPROACHES

1. Problem-Solving: A. Assessing; B. Planning; C. Implementing; D. Evaluating (pp. 26 - 36)
2. Models of Early Childhood Education (pp. 37 - 38)
3. Suggested Readings (p. 39)

Guide: The section on Caregiving Approaches includes knowledge and applications necessary for teachers in the areas of Problem-Solving and Models of Early Childhood Education. The following special points of information may assist the reader in interpreting both the sense of the section and the intent of the Project Staff:

1. The section on Problem-Solving is intended to be read as a description of an integrated decision-making process. While Problem-Solving is presented in four separated steps, each step should be viewed as highly related to the others (i.e., in order to "assess," one must also "plan, implement, and evaluate" with regard to assessing, etc.).

2. It is assumed that Problem-Solving is integral to the whole of the teaching-learning process. Effective teaching is dependent upon continuous and appropriate application of the Problem-Solving process. Although reference to Problem-Solving is infrequent in other sections of the document, it should be assumed that implementation of Bases of Child Growth and Development, Models of Early Childhood Education, Caregiving Curriculum, and Self-Development and Human Relations is dependent upon application of the Problem-Solving process.

3. Within the section on Caregiving Approaches, the term "Caregiving program" is used comprehensively to include all human, physical, and curricular aspects of a program. The reader is generally referred to the Glossary (p. 93) for clarification of usage of terms.

4. The section on Suggested Readings lists a number of sources related to both Problem-Solving and Models of Early Childhood Education which may assist both student and faculty readers to elaborate on the competencies specified in Caregiving Approaches.

II. CAREGIVING APPROACHES: (1) PROBLEM-SOLVING
(2) MODELS OF EARLY CHILDHOOD EDUCATION
(3) SUGGESTED READINGS

1. The trainee will have competence in knowledge and application of the process of Problem-Solving: (A) Assessing; (B) Planning; (C) Implementing; (D) Evaluating.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about the <u>assessing</u> stage of the problem-solving process. 1. Has knowledge of the basic terms and purposes of assessing and the interrelationship between the assessing, planning, implementing, and evaluating stages of the problem-solving process and how they can be applied to Caregiving. 2. Has knowledge of appropriate guidelines for assessing Caregiving Programs and individual children (e.g., criteria for a "good" program, criteria for successful completion of a task). 3. Has knowledge of assessment needs (e.g., knows what to assess and how to assess for each child) for children with varying degrees of delay and handicapping conditions. 4. Has knowledge of informal and formal methods and instruments for assessing Caregiving Programs and the developmental status of individual infant and preschool children within each handicapping condition (See Section I. Bases of Child Growth and Development, pp. 2 - 21).	A-2. Able to apply the <u>assessing</u> stage of the problem-solving process. 1. Can work as a member of a Caregiving team to systematically gather data using a comprehensive system to determine the status of the following components of the Program: a) Caregiving curriculum b) Caregiving approaches c) Caregiving support systems and team d) Caregiver/self e) Infant and preschool children and the types and severity of handicapping conditions represented. 2. Can systematically gather data from children, staff, parents, and community to determine feelings and opinions about actual and/or ideal goals of a Caregiving Program (and for individual children). 3. Can identify the Caregiving Program's planned goals and operating practices using assessment data. 4. Can analyze assessment data and identify discrepancies between goals and operating practices.

II. CAREGIVING APPROACHES: 1. PROBLEM SOLVING
A. ASSESSING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
5. Has knowledge of methods of analysis (e.g., can recognize patterns and trends in descriptive data on children's behavior) of assessment data on Caregiving Programs and on individual children.	5. Can analyze assessment data and identify problems and needs for the total program and for individual children.
6. Has knowledge of processes (e.g., prioritizing of objectives, goal-setting, planning, implementing, and evaluating) for resolving identified needs and problems of the Caregiving Program and of individual children.	6. Can identify causes of Caregiving needs, including ways in which meeting of the goals of the Caregiving Program may be limited by: a) the content and design of the Caregiving curriculum b) the use of Caregiving approaches c) the human and technical aspects of the Caregiving support systems d) the Caregiver/self.
7. Has knowledge of record-keeping systems for Caregiving Programs (e.g., procedure and form) and information which should be recorded for individual infant and preschool children with specific handicapping conditions (e.g., attendance, toileting habits, feeding and sleeping schedule, seizure activity).	7. Can investigate identified Caregiving needs and develop solutions which are appropriate to theoretical formulations, research findings, Caregiving goals, and the needs of children with specific handicapping conditions.
8. Has knowledge of means of assessing the budgetary status and needs of the Caregiving Program (e.g., prioritizing budgetary items and knowing which are adaptable and which are not).	8. Can assess the developmental status of individual infant and preschool children with each specific handicapping condition and can adapt standard methods when necessary.
	9. Can utilize assessment as a basis for direction-setting (i.e., goals, objectives, and procedures) for Caregiving Programs and for individual children with specific handicapping conditions.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
A. ASSESSING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	10. Can design an effective course of action which is within budgetary limitations and gives priority to areas of the program which are not adaptable.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
B. PLANNING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about the planning stage of the problem-solving process. 1. Has knowledge of the basic terms, purposes for planning, and the interrelationship between planning, assessing, implementing, and evaluating stages of the problem-solving process and how they can be applied to Caregiving. 2. Has knowledge of how to prioritize goals for Caregiving Programs and for individual infant and preschool children with different handicapping conditions (e.g., rank ordering, value clarification, force field analysis). 3. Has knowledge of types and uses of Caregiving support systems (e.g., presence or absence of parent involvement, specialist's services delivered in or out of classroom) and the support requirements of individual infant and preschool children with different handicapping conditions. 4. Has knowledge of how to design procedures and activities consistent with Caregiving goals and with the diagnosed needs of infant and preschool children with specific handicapping conditions.	B-2. Able to apply the planning stage of the problem-solving process. 1. Can work as a member of a Caregiving team to utilize assessment data for planning Caregiving for the total program and for individual children with different handicapping conditions. 2. Can develop a framework relating long- and short-range goals in terms that show anticipated outcomes for maintaining and changing Caregiving for the total program and for individual children with different handicapping conditions. 3. Can assign priority to long- and short-range goals in terms that take into account advantages and disadvantages for specific purposes for both the total program and for individual children. 4. Can identify, organize, and utilize a Caregiving support system consistent with goals for the Caregiving Program and for individual children with different handicapping conditions.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
B. PLANNING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
5. Has knowledge of different planning needs for children with varying degrees of delay and handicapping conditions.	5. Can develop a plan to implement Caregiving goals that: a) is consistent with a specific Caregiving support system b) utilizes the most feasible procedures c) includes daily and long-range activities that maximize accomplishment of high-priority goals d) takes into consideration resolution of potential Caregiving problems. e) meets the diagnosed needs of individual infant and preschool children with specific handicapping conditions f) is within budgetary limitations.
6. Has knowledge of types of lesson plans (e.g., daily, weekly, long-range, unit, area, and theme) and content of plans appropriate for different handicapping conditions.	6. Can adjust and individualize plans and support services to meet the special needs of children with varying degrees of delay and handicapping conditions.
7. Has knowledge of processes of scheduling for the Caregiving Program (e.g., children, Caregiving support systems) and different scheduling needs of children with different handicapping conditions.	7. Can specify staff requirements (e.g., competencies, roles, and working relationships) needed to implement goal-directed activities and can differentiate staffing patterns dictated by different handicapping conditions.
8. Has knowledge of: a) review procedures to obtain necessary authorizations to implement Caregiving Program plans b) authorizing persons or agencies that should review plans c) decisions required from each authorizing person or agency for specific components of the Caregiving Program (e.g., Caregiving curriculum and Caregiving support system).	8. Can specify resource requirements (i.e., equipment, materials, time, and space) needed to implement goal-directed activities and can differentiate resource needs dictated by different handicapping conditions.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
B. PLANNING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	9. Can develop schedules for Caregiving for children and for allocation of Caregiving support system resources that: a) maximize development of children and use of resources b) coordinate interdependent events for continuity of action c) include accurate estimates of time requirements for accomplishing goals. 10. Can carry out review procedures to secure necessary authorizations for Caregiving plans. 11. Can prepare materials on Caregiving plans for communication to various audiences (e.g., staff, parents, funding agencies) and can disseminate materials to appropriate persons at appropriate times.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
C. IMPLEMENTING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about the implementing stage of the problem-solving process. 1. Has knowledge of basic terms, purposes, and interrelationships between implementing, assessing, planning, and evaluating stages of the problem-solving process and how they can be applied to Caregiving. 2. Has knowledge of processes for implementing plans for Caregiving Programs and for individual children with different handicapping conditions (e.g., rearranging staff schedules, obtaining necessary specialist support, acquiring needed equipment and materials). 3. Has knowledge of different needs for implementation of Caregiving for individual children dictated by varying degrees of delay and handicapping conditions (e.g., adaptive equipment, schedules, learning activities). 4. Has knowledge of the interrelationship between human and physical components of a Caregiving support system and procedures for coordinating them into a functional unit for implementing plans that maintain and change both the total Caregiving Program and Caregiving for individual children with different handicapping conditions.	C-2. Able to apply the implementing stage of the problem-solving process. 1. Can work as a member of a Caregiving team to carry out plans and coordinate Caregiving support systems for maintaining and changing the Caregiving Program using processes appropriate to the needs of children with specific disabilities. 2. Can identify the needs of individual children dictated by their varying degrees of delay and handicapping conditions and can implement an appropriate program. 3. Can assign responsibility for planned activities to appropriate and available staff, parents, and/or resource persons. 4. Can organize appropriate materials, equipment, space, and facilities needed for carrying out Caregiving plans in the proper time, place, and condition. 5. Can identify and provide information and training to parents, staff, and resource persons which is necessary for implementing the Caregiving Program as planned. 6. Can initiate planned activities in the proper sequence.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
C. IMPLEMENTING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
5. Has knowledge of the uses of evaluation data as feedback on any component of the Caregiving Program and for individual children (e.g., cost effectiveness, program modification, developmental progress of individual children).	7. Can coordinate activities and resources to assure staff teamwork in Caregiving.
6. Has knowledge of informal and formal evaluation data (e.g., interviews with parents, daily activity logs, resource persons, children's developmental progress, children's standardized assessment data, measures of teaching effectiveness) that are necessary to provide feedback for the Caregiving Program and for individual children.	8. Can regulate the rate of progress and change to avoid problems and maximize Caregiving for both the total program and for individual children with different handicapping conditions.
7. Has knowledge of problems that may arise in Caregiving due to the grouping of children with different handicapping conditions.	9. Can utilize evaluation data as feedback to keep track of, maintain, and/or change each component of the Caregiving Program consistent with plans and goals for the total program and for individual children.
8. Has knowledge of processes for managing planned and unplanned behaviors and activities among and between children and adults in the Caregiving Program (e.g., positive feedback, negative feedback, redirection, verbal explanation).	10. Can specify criteria for establishing priorities for acting on specific feedback for the total program and for individual children.
	11. Can organize and communicate feedback to appropriate persons for use in maintaining and/or changing Caregiving for the total program and for individual children.
	12. Can manage planned and unplanned behaviors and activities among and between children and adults to build and maintain an environment consistent with plans and goals for the total program and for individual children.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
C. IMPLEMENTING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	13. Can identify cues which signal progress or success, dysfunctions or inconsistencies in the implementation of Caregiving plans.
	14. Can examine alternatives, develop, and carry out a plan to remedy dysfunctions or inconsistencies in the implementation of Caregiving.
	15. Can reallocate Caregiving support system human and physical resources to remedy dysfunctions and inconsistencies in Caregiving plans.
	16. Can implement Caregiving plans within the established priorities and budgetary limitations of the program.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
D. EVALUATING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
D-1. Knowledgeable about the evaluating stage of the problem-solving process. 1. Has knowledge of basic terms, purposes, and the interrelationships between evaluating, assessing, planning, and implementing stages of the problem-solving process and how they can be applied to Caregiving. 2. Has knowledge of criteria and guidelines for evaluating Caregiving programs and individual children with specific handicapping conditions. 3. Has knowledge of the range of evaluation needs for children with varying degrees of delay and handicapping conditions. 4. Has knowledge of informal and formal methods and instruments for evaluating Caregiving programs and the developmental progress and status of individual children with different kinds and degrees of delay and handicapping conditions (See I. Bases of Child Growth and Development, pp. 2 - 21). 5. Has knowledge of ways to adapt standard evaluation tools to meet the needs and capabilities of children with different kinds and degrees of delay and handicapping conditions.	D-2. Able to apply the evaluating stage of the problem-solving process. 1. Can work as a member of a Caregiving team to develop and maintain a system for gathering data for evaluating and making decisions on the Caregiving program. 2. Can plan a continuing program and individual child evaluation procedure that is feasible for a given Caregiving program (e.g., does not overwhelm the staff's time or the program's money with evaluation). 3. Can systematically evaluate a program by: a) identifying problems and formulating questions b) identifying and/or creating sources and types of data c) identifying and/or creating instruments or techniques for data gathering d) gathering data e) analyzing data f) interpreting meaning of data relative to questions about Caregiving g) formulating recommendations h) formulating new questions consistent with the information needs of the Caregiving program.

II. CAREGIVING APPROACHES: 1. PROBLEM-SOLVING
D. EVALUATING

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
6. Has knowledge of methods of analysis of evaluation data on Caregiving programs and individual children with specific handicapping conditions. 7. Has knowledge of processes for incorporating evaluation data into the total Caregiving program and Caregiving for individual children with specific handicapping conditions. 8. Has knowledge of appropriate persons and processes for communicating interpretations of evaluation data.	4. Can utilize evaluation data by: a) compiling, summarizing, and interpreting evaluation data in response to formulated questions b) identifying discrepancies between Caregiving outcomes and staged goals c) formulating recommendations for maintenance and change of the Caregiving curriculum, Caregiving approach models, Caregiving support systems, Caregiver/self, and individual children d) communicating data interpretation and recommendations to appropriate persons e) taking appropriate actions to implement recommendations, staying within budgetary limitations and established priorities.

II. CAREGIVING APPROACHES: 2. MODELS OF EARLY CHILDHOOD EDUCATION

2. The trainee will have competence in knowledge and application of Models of Early Childhood Education.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about Models of Early Childhood Education. 1. Has knowledge of the different Early Childhood Education delivery systems (e.g., center-based, home-based, clinic-based) and the advantages and disadvantages of each for the handicapped child and his family. 2. Has knowledge of the major Early Childhood Education curriculum models (e.g., behavior modification, open education, Montessori, physical/motor development, child development, medical) and the advantages and disadvantages of each for the handicapped child and his family. 3. Has knowledge of underlying theories, basic assumptions, and contemporary proponents for each Early Childhood Education curriculum model. 4. Has knowledge of theoretical similarities and differences between each Early Childhood Education curriculum model. 5. Has knowledge of research findings and can raise relevant questions concerning current research on each Early Childhood Education curriculum model.	A-2. Able to apply knowledge of Models of Early Childhood Education. 1. Can design a comprehensive Caregiving program on each Early Childhood Education curriculum model which: a) includes all components (e.g., Caregiving curriculum, Caregiving environment, Caregiving support systems, Caregiver/self, the role of the Caregivers, Caregiver functions, and the role of the child in the Caregiving program) b) includes all delivery systems (e.g., center, home, clinic). 2. Can: a) identify Early Childhood Education curriculum models operating in a given Caregiving program b) identify consistencies and discrepancies between theory and practice for a given program c) assess how well a given Caregiving program utilizing a given Early Childhood Education curriculum model is meeting the developmental needs of children with specific disabilities who are attending the program.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
6. Has knowledge of the range of flexibility of each Model and how they can be utilized in combination with the various delivery systems to provide optimal care to individual children with varying degrees of delay and different handicapping conditions.	3. Can work as a member of a Caregiving team to selectively utilize and adapt components of each Early Childhood Education curriculum model to meet the special needs of children based on the degree and kind of handicapping condition, chronological age, and/or general level of functioning. 4. Can evaluate, from the perspective of a given Caregiving program's curriculum model, the needs and problems of the program and individual children with specific handicapping conditions. 5. Can communicate data, interpretation, and recommendations for maintaining and/or changing Caregiving consistent with the program's curriculum model of Early Childhood Education. 6. Can develop, from the perspective of a given program's curriculum model, plans to maintain and/or change the total Caregiving program and Caregiving for individual children. 7. Can implement plans to maintain and/or change the total Caregiving program and Caregiving for individual children consistent with the concepts of the program's curriculum model.

II. CAREGIVING APPROACHES: 3. SUGGESTED READINGS

PROBLEM-SOLVING and MODELS OF EARLY CHILDHOOD EDUCATION

1. Cartwright, Carol A., and G. Philip Cartwright. Developing Observation Skills. New York: McGraw-Hill Book Company, 1974.

2. Evans, Ellis D. Contemporary Influences in Early Childhood Education. New York: Holt, Rinehart and Winston, Inc., 1971.

3. Farrald, R.R., and R.C. Schamber. A Diagnostic and Prescriptive Technique: Handbook 1: A Mainstream Approach to Identification, Assessment, and Amelioration of Learning Disabilities. Sioux Falls, South Dakota: ADAPT Press, 1973.

4. Frankenburg, W.K., and A.F. North. A Guide to Screening for the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT). American Academy of Pediatrics under Contract SRS 73-31, Social and Rehabilitation Service, U.S. Department of Health, Education and Welfare, 1974.

5. Lillie, David L. Early Childhood Education: An Individualized Approach to Developmental Instruction. Chicago: SRA, Inc., 1975.

6. Macht, Joel. Teaching Our Children. New York: John Wiley and Sons, 1975.

7. Parker, Ronald. Preschool in Action: Exploring Early Childhood Programs. Boston: Allyn and Bacon, 1972.

8. University of North Carolina at Greensboro. Guidelines for Budgeting Infant Care Programs. Greensboro, North Carolina: Demonstration Project Grant No. D-256, University of North Carolina at Greensboro, 1970.

9. Uzgiris, Inac., and J. McV. Hunt. Assessment in Infancy: Ordinal Scales of Psychological Development. Urbana, Illinois: University of Illinois Press, 1975.

10. Wolfensberger, Wolf. PASS: A Method for the Quantitative Evaluation of Human Services. Volumes I and II. Toronto: National Institute on Mental Retardation, 1973.

SECTION III: CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT

1. Caregiving Curriculum: A. Play; B. Adaptive Behavior; C. Literature; D. Science; E. Art; F. Music; G. Drama and Movement (pp. 41 - 58)

2. Physical Environment: A. Materials, Equipment, Space and Time; B. Selection of Materials, Equipment, Space and Time (pp. 59 - 62)

3. Suggested Readings (pp. 63 - 66)

Guide: Section III of the document, Caregiving Curriculum and Physical Environment, is designed for use by both teacher educators and classroom personnel working with infant and/or preschool handicapped children. In utilizing this section the following points should be considered:

1. In an attempt to make the section useful for a broad age grouping of children (birth to 6) who have a wide range of abilities and variety of disabilities, most activities described are not designed for any one type of handicapped child. The aim of the Project Staff has been to include classroom activities in seven main areas which will provide any child with the opportunity to have stimulating learning experiences. Therefore, activities for the child who is auditorially impaired or physically handicapped, or for the child with epilepsy or Down's syndrome, are not listed under all seven curriculum areas. By including activities adapted for use with a variety of handicapped children, the Project Staff intended to emphasize the need for continuing adaptation of activities and environment in order to meet the needs of and provide developmentally appropriate activities for the individual child.

2. The reader should be aware that the inclusion of Play ("A" under Caregiving Curriculum) as a separate curriculum area does not imply the use of play activities in the classroom only at a time designated for a child "to play." On the contrary, the component on play has been placed prior to all other curriculum components to emphasize its influence on each succeeding component as well as on the Caregiving curriculum as a whole. The infant and preschool child, regardless of ability or disability, uses play as the primary medium in discovering, exploring, manipulating, and modifying his environment. It is crucial that activities based on play be included in each area of classroom curricula and that play be thought of as a permeating element in this curriculum.

3. Adaptation of the physical environment (i.e., materials, equipment, space, and time) is specifically mentioned in Section III, Part 2, Physical Environment. The reader is directed to this part of the document for techniques and methods for adapting tools (e.g., art materials, eating utensils) and also for recommendations concerning the use of special adaptive equipment (e.g., protective helmets, bolsters, wedges) with children having specific disabilities.

4. The reader is directed to Section 3, Suggested Readings, for a list of sources which may be useful in designing curriculum and environment in the classroom.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: (1) CURRICULUM
(2) PHYSICAL ENVIRONMENT
(3) SUGGESTED READINGS

1. The trainee will have competence in knowledge and application of the basic curriculum areas for infant and preschool children with disabilities: (A) Play; (B) Adaptive Behavior; (C) Literature; (D) Science; (E) Art; (F) Music; (G) Drama and Movement.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about the role of <u>play</u> in the total curriculum. 1. Has knowledge of the importance of play in: a) <u>physical development</u> (e.g., gross motor control - walking, climbing, running, jumping; fine motor control - using scissors, stacking, manipulating toys, using crayons) b) <u>socio-emotional development</u> (e.g., taking turns, sharing, participation in groups, patterns of relating to authority figures) c) <u>language development</u> (e.g., communicating through signals and gestures, extent of oral language, vocabulary development, grammatical skills, content of language, auditory discrimination, auditory memory) d) <u>cognitive development</u> (e.g., concepts of number, size, form, weight, space, time; relationships of comparisons and contrast; processes of logical thinking; conservation; recognition of visual symbols) e) <u>creativity</u> (e.g., dramatic play, fantasy, alternative uses of blocks and manipulative toys)	A-2. Able to apply knowledge of the role of <u>play</u> in the total curriculum. 1. Can direct child's play to stimulate: a) <u>physical development</u> (e.g., encourage a child who needs small muscle control to play with string beads) b) <u>socio-emotional development</u> (e.g., encourage a shy child to join in a group activity such as "ring around the rosy," or cooperatively preparing a meal in the housekeeping area) c) <u>language development</u> (e.g., encourage a child to label materials and use descriptive words as he/she participates in play activities) d) <u>cognitive development</u> (e.g., encourage a child to compare different play materials - "one is bigger," "one is red and one blue") e) <u>creativity</u> (e.g., encourage a child to use materials in a different but not destructive manner, or to participate in dramatic play situations using adult dress-up clothes, odds and ends)

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
f) <u>development of adaptive behavior skills</u> (e.g., independent feeding, toileting, dressing and undressing, ambulation, wheelchair manipulation, simple problem-solving).	f) <u>development of adaptive behavior skills</u> (e.g., encourage a child to uncover parts of the body while undressing by asking "where is your foot, tummy, arms," encourage the child to help in food or snack preparation "just like mother or father;" bring in a doll to use as a model for the child in toileting, feeding, encourage the child to "help the doll eat," now, help the child eat).
2. Has knowledge of the role of play in a curriculum based on each of the Early Childhood Education curriculum models (See Section II. Caregiving Approaches, pp. 37 - 38).	2. Can select and carry our activities which will increase child's awareness, understanding, and enjoyment of play.
3. Has knowledge of basic categories of play for infant and preschool children (e.g., sensori-motor, social, imaginary, symbolic, and socio-dramatic) and their implications for the Caregiving program.	3. Can utilize play experiences in the Caregiving curriculum consistent with each Early Childhood Education curriculum model.
4. Has knowledge of the relationship between play and each area of the Caregiving curriculum (i.e., adaptive behavior, literature, science, art, music, and drama and movement).	4. Can select and facilitate play experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child's abilities and disabilities.
5. Has knowledge of findings and can raise relevant questions concerning current research on play.	5. Can determine when to intervene and when not to intervene in a child's ongoing activity.
	6. Can integrate play experiences into all areas of the Caregiving curriculum (e.g., learning as fun).

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
B. ADAPTIVE BEHAVIOR

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about the role of adaptive behavior development in the curriculum. 1. Has knowledge of the importance of adaptive behavior (i.e., self-help skill development and development of safety habits) in: a) physical development (e.g., learning about various postures necessary to perform certain self-help skills - putting on a jacket, putting on socks; fine motor coordination - tying own shoes, buttoning and unbuttoning; learning to use all the senses in developing safety habits - observing traffic signals and signs, listening for horns, sirens and bells; being aware of unusual smells which give a cue to the environmental condition - smoke, burning food) b) socio-emotional development (e.g., autonomy gained through learning to control one's own body in the areas of bowel and bladder control; learning about parts of the body and understanding which clothes are worn on which parts of the body; development of self-concept through increased independence in self-help, hygiene and safety; learning how others are the same and different)	B-2. Able to apply knowledge of the role of adaptive behavior development in the curriculum. 1. Can direct child's adaptive behavior (i.e., self-help skill development and development of safety habits) activities to stimulate: a) physical development (e.g., child uses lacing, buttoning and zipping boards; child practices obeying replicas of various traffic signals and signs and practices obeying these both indoors and outdoors; child takes walks and notes elements of safety procedure; child attempts to put on clothes - sitting down before trying to put on socks and shoes, relaxing hypertonic limbs to put on jacket or pants) b) socio-emotional development (e.g., help child to recognize his need to toilet by taking baseline data on his elimination schedule and direct him in toileting activities at the appropriate times; touch parts of a child's body and encourage him/her to do so during adaptive behavior activities - point out "Tommy's leg, arm, hand," "Teacher's leg;" praise child for any move toward independent functioning; give continual encouragement to keep trying)

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
B. ADAPTIVE BEHAVIOR

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
c) language development (e.g., hearing and labeling body parts; learning verbal cues which apply to various safety rules - "stop," "go," "crosswalk") d) cognitive development (e.g., sequences involved in learning to be more independent in the area of self-help: washing hands - turning on water, wetting hands, using soap, rubbing, rinsing, turning off water, drying hands; color discrimination in choosing own clothing; internalizing the rationale behind various safety rules)	c) language development (e.g., label body parts during dressing, hygiene and grooming activities; label actions involved in safety habit development - "stop" and "go;" encourage child to do the same or make verbal approximations - ask child to point or look at the "red stop sign") d) cognitive development (e.g., verbally express sequence being followed during such activities as - washing hands, toileting, crossing the street; give child the opportunity to do such things on his own with supervision)
2. Has knowledge of the developmental sequences of self-feeding, dressing, toileting, and hygiene and grooming skills.	2. Can select and carry out activities which will promote development of self-help skills in the infant and preschool child: a) self-feeding (e.g., give child the opportunity and ample time to manipulate his finger foods or to practice fine motor control necessary with small objects; encourage child to observe himself in a mirror during lunch; model appropriate eating behaviors for the child; encourage child to play with a dish, eating utensil and cup; make downward strokes with hand on the throat of a child with a swallowing problem while describing the feeling of swallowing to the child)
3. Has knowledge of self-help skill development activities for the infant and preschool child: a) self-feeding (e.g., learning body control to achieve efficient swallowing and chewing - decreased tongue thrusts and drooling; feeding self finger foods; drinking from a cup; using a spoon, fork and/or knife)	

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
B. ADAPTIVE BEHAVIOR

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
b) dressing (e.g., appropriate dress for weather conditions; sequences involved in dressing such as socks before shoes, underwear before trousers; buttoning, unbuttoning; zipping, unzipping; lacing, unlacing shoes)	b) dressing (e.g., spend time individually or in groups taking off or putting on clothing: describe the sequences verbally to the child as he does this or as he is helped to do so; encourage child to observe these activities in a mirror; give child opportunity to practice putting on or removing oversized (adult) articles of clothing - shirt with large buttons or snaps, large armholes or neckholes)
c) toileting (e.g., recognizing the child's need to toilet; taking appropriate amounts of toilet paper off the roll successfully; learning to pull down own pants and then to pull them up; flushing the toilet or emptying potty chair bowl)	c) toileting (e.g., give child opportunity for successful experiences in toileting: encourage child to try to go to the toilet at a time when his schedule indicates the need to do so; help child pull pants all the way up except for the last three inches, then ask child to pull them the remaining distance; permit child to take a doll into the bathroom and "help the doll go to the toilet")
d) hygiene and grooming (e.g., washing hands and face; brushing teeth; combing hair).	d) hygiene and grooming (e.g., model hygiene and grooming activities for the child; explain the process to the child as he practices; encourage child to observe activity in a mirror; structure group activities around hygiene and grooming skill development).
4. Has knowledge of activities intended to develop safety habits in the infant and preschool child and their implications for the Caregiving curriculum:	
a) safety in the indoor environment (e.g., teaching the child: which things are appropriate for throwing and which things are not; where the child can run and/or walk; to keep body and fingers away from electrical plugs and cords, hot stoves, matches, fans)	

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
B. ADAPTIVE BEHAVIOR

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
b) <u>safety in the outdoor environment</u> (e.g., teaching child: traffic regulations which apply to the child as a pedestrian; cues to these regulations such as red, yellow and green lights; to hold hands with an adult or other child in a group when crossing the street and to look both ways for motor vehicles; to avoid playing in the street or roughhousing in a car or on the bus).	3. Can select and carry out activities which will promote development of safety skills in the infant and preschool child: a) <u>safety in the indoor environment</u> (e.g., tell the child what he <u>cannot</u> do - "I can't let you throw blocks" - <u>why</u> he cannot do it - "the block might hit someone and that hurts" - and what he <u>can</u> do - "you can throw a ball when we go outside today;" let child touch warm objects to establish concept of hot and cold to establish the opposite concept; be consistent and firm in limitations to child's manipulations of indoor environment - "I can <u>never</u> let you put your fingers in the fan") b) <u>safety in the outdoor environment</u> (e.g., work on color discrimination activities to establish red, yellow, green for use in learning about traffic signals; model safety procedures for the child; play games in which child holds hands with another such as ring around the rosy).
5. Has knowledge of the relationship between adaptive behavior and each other area of the Caregiving curriculum (i.e., play, science, art, music, drama and movement).	4. Can integrate adaptive behavior activities into all areas of the Caregiving curriculum.
6. Has knowledge of findings and can raise relevant questions concerning current research on adaptive behavior.	

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
C. LITERATURE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about the role of literature in the curriculum. 1. Has knowledge of importance of literature in: a) physical development (e.g., developing left to right eye sequence for pre-reading skills) b) socio-emotional development (e.g., learning about families and different ethnic groups; learning appropriate listening behaviors during story time; sharing common experiences related to literature) c) language development (e.g., developing receptive language and beginnings of vocal play and expressive responses; using egocentric speech and socialized speech; increasing vocabulary and following verbal directions) d) cognitive development (e.g., development of attention span, memory skills, and sequencing through discrimination of objects and symbols; formation and reinforcement of concepts) e) creativity (e.g., use of books without words; socio-dramatic play; exploration of new objects, materials, and experiences; experimenting with new behaviors).	C-2. Able to apply knowledge of the role of literature in the curriculum. 1. Can direct child's literature activity to stimulate: a) physical development (e.g., has book pages in child's view while reading so child may follow from page to page; encourage child to turn pages of book and look at books in left-to-right sequence; encourage child to act out literature using finger plays) b) socio-emotional development (e.g., reads a book on having a new baby in the family to a child whose mother is pregnant and elicit child's identification and feelings about a story being read) c) language development (e.g., stimulates child's receptive language by labeling objects in a book; encourages child's beginning imitations of words, gestures, and vocal play; elicits child's comments or contributions to story being read or picture being viewed) d) cognitive development (e.g., points out familiar objects pictured in the book which are found in a child's home; talks to child about how objects are used -- toaster, broom, an egg; helps child see common themes in books)

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
C. LITERATURE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
2. Has knowledge of the role of literature in a curriculum based on each of the Early Childhood Education curriculum models (see Section II. Caregiving Approaches, pp. 37 - 38).	e) <u>creativity</u> (e.g., aids the child in doing activities depicted in a story - going shopping, baking a cake, clapping hands, crawling, walking; elicits child's comments on what the child would do in a similar situation as book character, or, in what other ways characters could have acted).
3. Has knowledge of literature activities for infant and preschool children (e.g., reading to children, looking at books, storytelling, flannel board, finger plays, language experience charts, poetry, nursery rhymes) and their implications for the Caregiving program.	2. Can select and carry out activities which will increase child's awareness, understanding, and enjoyment of literature.
4. Has knowledge of the relationship between literature and each other area of the Caregiving curriculum (i.e., play, adaptive behavior, science, art, music, and drama and movement).	3. Can utilize literature experiences in the Caregiving curriculum consistent with each Early Childhood Education curriculum model.
	4. Can select and carry out literature experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child based on his/her specific disability.
	5. Can determine when to intervene and when not to intervene in a child's ongoing activity.
	6. Can integrate literature experiences into all areas of the Caregiving curriculum.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
D. SCIENCE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
D-1. Knowledgeable about the role of <u>science</u> in the curriculum. 1. Has knowledge of importance of both natural and physical science in: a) <u>physical development</u> (e.g., gross motor, fine motor, sensory) b) <u>socio-emotional development</u> (e.g., helping child understand relationship between immediate environment and his choice of activity; sharing common experiences related to natural and physical science) c) <u>language development</u> (e.g., labeling of environmental objects and conditions for verbal and non-verbal child) d) <u>cognitive development</u> (e.g., classification, properties, grouping of objects; measurement - relationships such as big, little, like, different; sequence relationships common to the physical environment; effects of weather on the child himself) e) <u>creativity</u> (e.g., new uses of natural materials from the near environment - rocks, water, leaves).	D-2. Able to apply knowledge of the role of <u>science</u> in the curriculum. 1. Can direct child's natural and/or physical science activity to stimulate: a) <u>physical development</u> (e.g., encourage child to experiment with physical movement in snow as opposed to dry ground, picking a blade of grass opposed to picking up a log, differences between standing in the sun or shade; encourage child to explore the sensation of smelling a flower or feeling the coat of an animal) b) <u>socio-emotional development</u> (e.g., encourage children to plant garden or build a snowman together; encourage children to share feelings about weather; help children make decisions together about appropriate pet care) c) <u>language development</u> (e.g., encourage children to identify objects used in science activities; encourage imitation of sounds heard in the environment - the call of a bird, the sound of thunder, the bark of a dog)

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
D. SCIENCE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
2. Has knowledge of the role of science in a curriculum based on each of the Early Childhood Education curriculum models (see Section II. Caregiving Approaches, pp. 37 - 38).	d) cognitive development (e.g., encourage child to group objects according to size, feel, color, likeness, smell; help child to understand environmental cues to various weather conditions - hearing thunder and associating it with coming rain, feeling a puddle and associating its wetness with rain or snow, seeing leaves blow and associating it with wind) e) creativity (e.g., encourage children to play at water table, sand table; help child to build garage for a toy car out of rocks picked up on a nature walk or to use leaves in making an art project).
3. Has knowledge of natural science experiences (plants, animals and people) for the infant and preschool child and their implications for the Caregiving curriculum.	2. Can select and carry out activities which will increase child's awareness, understanding, and enjoyment of natural science: a) plants (e.g., take the children on a walk and identify plants which are seen on the way; plant seeds and encourage children to observe and water them; label colors of flowers for the children and encourage them to verbalize approximations of the labels)
4. Has knowledge of physical science experiences (weather and environment) for the infant and preschool child and their implications for the Caregiving curriculum.	
5. Has knowledge of the relationship between science and each other area of the Caregiving curriculum (i.e., play, adaptive behavior, literature, art, music, and drama and movement).	

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
D. SCIENCE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	b) animals (e.g., take a trip to the zoo or to a farm; bring domestic animals into classroom for the children to see, feel and compare; have children pretend to be certain animals and talk about different animals' sounds, foods, and habitats) c) people (e.g., discuss with the children "big" and "little" using an adult and a child as examples for comparison; encourage child to experiment with putting on and taking off various child and adult size clothing, pointing out differences in size) 3. Can select and carry out activities which will increase child's awareness, understanding, and enjoyment of physical science: a) effect of weather on the child (e.g., have child feel rain/snow as it falls on his body; talk about the need for heavy coats to keep warm when it's cold, boots to keep dry when it's wet; help child experiment with a feather released in the wind; talk about feeling hot in warm weather, cold in cool weather) b) effect of weather on the environment (e.g., have child walk through or play with leaves which have fallen on the ground in autumn; dig in the snow to find the ground it covers).

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
D. SCIENCE

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	4. Can utilize science experiences in the Caregiving curriculum consistent with each Early Childhood Education curriculum model.
	5. Can select and carry out science experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child's abilities and disabilities.
	6. Can determine when to intervene and when not to intervene in a child's ongoing activity.
	7. Can integrate science experiences into all areas of the Caregiving curriculum.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
E. ART

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
E-1. Knowledgeable about the role of art in the curriculum. 1. Has knowledge of importance of art in: a) physical development (e.g., gross motor control, fine motor control, and eye-hand coordination in drawing, pasting, woodworking, finger painting, pounding clay, easel work) b) socio-emotional development (e.g., projects requiring group participation for completion, modes of expressing feelings through art) c) language development (e.g., labeling of materials for the verbal and non-verbal child) d) cognitive development (e.g., color, shape, figure) e) creativity (e.g., imaginative use of colors, drawing, shaping, and representing the theme of an art production). 2. Has knowledge of the basic mediums (e.g., paint, clay, crayons, paste), tools (e.g., paintbrush, carving tools, molds, spatula), and materials (e.g., wood, paper, cloth). 3. Has knowledge of the role of art in a curriculum based on each of the Early Childhood Education curriculum models (see Section II. Caregiving Approaches, pp. 37 - 38).	E-2. Able to apply knowledge of the role of art in the curriculum. 1. Can direct child's art activity to stimulate: a) physical development (e.g., interest child in finger painting, sponge painting, or other activity to develop coordination) b) socio-emotional development (e.g., encourage child to: express his feelings through art; help child learn to take turns and share materials) c) language development (e.g., label colors and materials for child while encouraging child to verbalize approximation of the word; encourage discussion by making comments on child's work) d) cognitive development (e.g., use colors on the easel which the child is learning to recognize; make available contrasting or like shapes for pasting; encourage child to represent objects relative to the groundline or skyline) e) creativity (e.g., encourage child to experiment with colors or objects to use in art projects; make collages).

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
E. ART

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
4. Has knowledge of art activities for infant and preschool children and their implications for the Caregiving curriculum.	2. Can select and carry out activities which will increase child's awareness and understanding of art.
5. Has knowledge of the relationship between art and each other area of the Caregiving curriculum (i.e., play, adaptive behavior, literature, science, music, and drama and movement).	3. Can utilize art experiences in the Caregiving curriculum with each Early Childhood Education curriculum model.
	4. Can select and carry out art experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child's abilities and disabilities.
	5. Can determine when to intervene and when not to intervene in a child's ongoing activity.
	6. Can integrate art experiences into all areas of the Caregiving curriculum.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
F. MUSIC

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
F-1. Knowledgeable about the role of music in the curriculum. 1. Has knowledge of importance of music in: a) physical development (e.g., sense of rhythm, linking of sound to physical response) b) socio-emotional development (e.g., taking turns, sharing, group participation, expressing feelings) c) language development (e.g., use of singing, listening to develop receptive and expressive language) d) cognitive development (e.g., matching and sequencing sounds; learning differences and similarities between instruments; auditory memory). e) creativity (e.g., making up songs; experimenting with objects to make unusual sounds). 2. Has knowledge of the role of music in a curriculum based on each of the Early Childhood Education curriculum models (see Section II. Caregiving Approaches, pp. 37 - 38). 3. Has knowledge of music experiences for infant and preschool children (e.g., songs, finger plays, rhymes, dancing, expressing feelings and experiences).	F-2. Able to apply knowledge of the role of music in the curriculum. 1. Can direct music activity to stimulate: a) physical development (e.g., encourage children to make a physical response to music played on the record player or musical instrument) b) socio-emotional development (e.g., encourage children to sing and play instruments together; encourage children to join hands in a dance; have children relate verbally or gesturally how music makes them feel) c) language development (e.g., encourage children to make sounds to music; encourage children to pair words in songs with objects in environment; encourage children to listen to words of song) d) cognitive development (e.g., encourage children to identify sounds that are alike and sounds that are different - high, low, soft, loud) e) creativity (e.g., encourage children to improvise movements to music).

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
F. MUSIC

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
4. Has knowledge of the relationship between music and each other area of the Caregiving curriculum (i.e., play, adaptive behavior, literature, science, art, and drama and movement).	2. Can select and carry out activities which will increase child's awareness, understanding, and enjoyment of music. 3. Can utilize music experiences in the Caregiving curriculum with each Early Childhood Education curriculum model. 4. Can select and carry out music experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child based on his/her disability. 5. Can determine when to intervene and when not to intervene in a child's ongoing activity. 6. Can integrate music experiences into all areas of the Caregiving curriculum.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
G. DRAMA AND MOVEMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
G-1. Knowledgeable about the role of drama and movement in the curriculum. 1. Has knowledge of the importance of drama and movement in: a) physical development (e.g., balance, coordination, muscle tone, posture) b) socio-emotional development (e.g., dramatic play, socio-dramatic play, imaginary play, peer interaction in performing) c) language development (e.g., articulation, vocabulary, coordination of verbal expression with movement) d) cognitive development (e.g., time concepts, number concepts, spatial relationships, sequence relationships, auditory and visual memory) e) creativity (e.g., divergent thinking, make-believe roles, make-believe objects). 2. Has knowledge of the role of drama and movement in a curriculum based on each of the Early Childhood Education curriculum models (see Section II. Caregiving Approaches, pp. 37 - 38). 3. Has knowledge of drama and movement experiences for infant and preschool children (e.g., dramatic play, socio-dramatic play, theater, puppetry, body movement, dance).	G-1. Able to apply knowledge of the role of drama and movement in the curriculum. 1. Can direct drama and movement experience to stimulate: a) physical development (e.g., direct children in dance and rhythmic movements) b) socio-emotional development (e.g., encourage children to express feelings through dramatic play and movement; encourage cooperation in socio-dramatic play) c) language development (e.g., encourage children to describe movements in words; provide experiences with rhymes, finger plays, poems) d) cognitive development (e.g., suggest child pretend to wash dishes like mother or father and guide through appropriate sequence - washing, rinsing, drying; encourage child to pretend to be an animal child has seen before and act out the kinds of things the animal does) e) creativity (e.g., provide appropriate materials and encouragement for children to try original ideas; encourage children to explore ways they can move, uses for a given object - "How many ways can you move your head?", "What different things can we do with this chair?").

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 1. CURRICULUM
G. DRAMA AND MOVEMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
4. Has knowledge of the relationship between drama and movement and each other area of the Caregiving curriculum (i.e., play, adaptive behavior, literature, science, art, and music).	2. Can select and carry out activities which will increase child's awareness, understanding, and enjoyment of drama and movement. 3. Can utilize drama and movement experiences in the Caregiving curriculum consistent with each Early Childhood Education curriculum model. 4. Can select and carry out drama and movement experiences for infant and preschool children which are developmentally appropriate and adapted to the individual child's abilities and disabilities. 5. Can determine when to intervene and when not to intervene in a child's ongoing activity. 6. Can integrate drama and movement experiences into all areas of the Caregiving curriculum.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 2. PHYSICAL ENVIRONMENT

2. The trainee will have competence in knowledge and application of appropriate physical environments for the Caregiving program: (A) Materials, Equipment, Space, and Time; (B) Selection of Materials, Equipment, Use of Space, Scheduling of Time.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about instructional materials, equipment, use of space, scheduling of time. 1. Has knowledge of elements of the physical environment which are appropriate to enhance each area of the Caregiving curriculum: a) instructional materials (e.g., manipulative materials, books, flannel boards, pets, art materials, rhythm band instruments, materials for make-believe) b) equipment (e.g., jungle gym, stairs, slide, easels, piano; child-sized table, chairs, sink, stove and refrigerator; adaptive equipment for use with the physically handicapped child - bolsters, wedges, prone boards, wheelchairs, braces, standing tables, relaxation chairs, eating utensils and art tools) c) use of space (e.g., outdoor area, story corner, garden, painting area, listening center, gross motor area) d) scheduling of time (e.g., consistent with each Early Childhood Education curriculum model).	A-2. Able to apply knowledge of instructional materials, equipment, use of space, scheduling of time. 1. Can work as a member of a Caregiving team to: a) choose and utilize instructional materials and equipment b) plan, organize, and manage space c) plan, organize, and manage time which: a) are appropriate to developmental levels and adapted to the individual needs of the children served b) meet the needs of the Caregiving curriculum c) are consistent with each Early Childhood Education curriculum model. 2. Can appropriately adapt instructional materials, equipment, available space and time schedules to meet the needs and abilities of the child with specific handicaps: a) materials and equipment (e.g., attach appropriately sized plastic bottle handle to spoon to make independent feeding easier for the child who has difficulty managing the spoon; devise hand

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 2. PHYSICAL ENVIRONMENT
A. MATERIALS, EQUIPMENT, SPACE, AND TIME

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
2. Has knowledge of adaptations that can be made of the environment to accommodate the needs and abilities of the child with specific handicaps (e.g., child in a wheelchair, blind or deaf child, child with mild or severe cerebral palsy, child confined to floor movement): a) materials and equipment that must be purchased, made, or modified to meet the needs of children b) space arrangement that must be organized to facilitate growth and freedom of movement and avoidance of injury c) time schedules that must be planned to allow for special needs caused by handicapping conditions (e.g., expanded time needed for: positioning difficulties of a cerebral palsied child; blind child to explore items tactually; drawing graphic representations to explain concepts to deaf child; toileting, dressing and undressing procedures.	splint for cerebral palsied child to help prevent wrist and finger contracture; provide books with raised illustrations for blind child) b) space (e.g., provide protected area where orthopedically handicapped or visually impaired child can have ample space for creeping, crawling, and exploring environment; provide unobstructive pathways in and between activity areas in the classroom and bathroom) c) time schedules (e.g., begin feeding procedure for the child with swallowing or chewing difficulty prior to feeding independent eaters; provide adequate time during the day for one-to-one experience with all children so that the slowest of the children does not feel under undue pressure to finish quickly).

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 2. PHYSICAL ENVIRONMENT
B. SELECTION OF MATERIALS AND EQUIPMENT, USE OF SPACE, SCHEDULING OF TIME

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about selection of instructional materials and equipment, use of space, and scheduling of time. 1. Has knowledge of instructional materials, equipment, space, and time which meet the abilities, needs and interests of children at different levels of development and with different disabilities: a) blind child (e.g., toys with tactile and auditory stimuli; no sharp edges; no loose scatter rugs or obstacles; and area removed from other children to minimize auditory distractions during one-to-one work) b) deaf child (e.g., portable chalkboard, Bliss board, toys with tactile and visual stimuli) c) orthopedically handicapped child (e.g., railings along walls and stairs; gradual ramps; body support straps in chairs; edged table adapted for a wheelchair; trays which can be attached to a wheelchair for holding toys or work; large open space for the child to work on crawling, sitting balance, development of protective reflexes; adequate time for feeding the child who has swallowing difficulties, tongue-thrusts; hard and soft wedges, bolsters)	B-2. Able to apply knowledge about selection of instructional materials and equipment, use of space, and scheduling of time. 1. Can select materials and equipment necessary for implementing curriculum for each Early Childhood Education curriculum model. 2. Can select and utilize instructional materials, equipment, space, and time needed for children at different levels of development and with specific handicaps: a) blind child (e.g., using "feely" books containing pages covered with a variety of textures - sandpaper, cotton, nylon hosiery) b) deaf child (e.g., provide mirrors for child during activities, provide communication board with symbols, signs, letters, objects) c) orthopedically handicapped child (e.g., use hard wedges with the hypotonic child, soft wedges with the hypertonic child; intersperse play time with therapy session time) d) child with epilepsy (e.g., keep baseline and continuous data on the times and lengths of seizure activity and utilize data in planning times for

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 2. PHYSICAL ENVIRONMENT
B. SELECTION OF MATERIALS AND EQUIPMENT, USE OF SPACE, SCHEDULING OF TIME

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
d) <u>child with epilepsy</u> (e.g., cushioned play area; pads for crib sides; no sharp edges or pointed toys; loosely fitting clothing).	activities when child is most likely to be seizure-free; provide special child-size padded head gear to protect child who has psychomotor seizures).
2. Has knowledge of instructional materials, equipment, space, and time which: a) have a single purpose (e.g., special eating utensils) b) have a multiple purpose (e.g., blocks) c) are expendable (e.g., art materials) d) are safe and durable (e.g., wooden puzzles) e) have child appeal (e.g., water, sand, toys that make unique noises) f) have relationship to each Early Childhood Education curriculum model.	3. Can sequence learning activities to provide enough time for each activity while balancing the day with active and quiet periods. 4. Can arrange a learning environment to allow enough space for each learning center. 5. Can arrange learning centers to minimize interference between activity centers and permit traffic flow between centers.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT: 3. SUGGESTED READINGS

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SECTION IV: SELF-DEVELOPMENT AND HUMAN RELATIONS

1. Basic Communication Skills: A. Styles; B. Social Contexts; C. Communication Network (pp. 67 - 71)
2. Learning Environment: A. Security, Trust, and Respect; B. Verbal and Non-Verbal Skills; C. Positive Management (pp. 72 - 77)
3. Personal and Professional Growth: A. Positive Self-Concept and a Conscious Life Philosophy; B. Involvement with Others; C. Information Systems; D. Self-Evaluation (pp. 78 - 81)
4. Suggested Readings (pp. 82 - 83)

Guide: The section on Self-Development and Human Relations includes knowledge and application specifications in the areas of Basic Communication Skills, Learning Environment, and Personal and Professional Growth. The following information may assist the reader in interpreting both the sense of the section and the intent of the Project Staff:

1. Communication sets the tone of the Caregiving environment. It is a vehicle through which all other competencies are acted out. No one communication style has been recommended as the most effective; the intent of the Project Staff was to emphasize that developing a communication style is a conscious, thoughtful process.
2. The section on Personal and Professional Growth has been included to describe ways a Caregiver may improve; the Project Staff feels it imperative that the teachers continue to refine and expand their knowledge base and teaching practices.
3. Certain terms have special meaning within the section. The reader is encouraged to use the Glossary (p. 93) for clarification of how terms are used.
4. The section on Suggested Readings lists a number of sources related to Basic Communication Skills, Learning Environment, and Personal and Professional Growth which may assist the reader to elaborate on specific areas.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: (1) BASIC COMMUNICATION SKILLS
(2) LEARNING ENVIRONMENT
(3) PERSONAL AND PROFESSIONAL GROWTH
(4) SUGGESTED READINGS

1. The trainee will have competence in knowledge and application of the Basic Skills involved in Communication: (A) Styles; (B) Social Contexts; (C) Communication Network.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about interpersonal communication <u>styles</u>. 1. Has knowledge of major verbal (e.g., language structure and syntax) and non-verbal (e.g., facial expression, body movements, proxemics, aspects of speech such as pitch and intensity and speech errors) modes or types of communication. 2. Has knowledge of major models of effective communication (e.g., Gordon, Satir, Dreikurs, Powell) and how they relate to communication with young handicapped children. 3. Has knowledge of strengths and weaknesses of each model of communication for working with parents, staff members, resource persons, and children with varying degrees of abilities and disabilities. 4. Has knowledge of differences in communication styles among different cultural, ethnic, and economic groups.	A-2. Able to apply knowledge of interpersonal communication <u>styles</u>. 1. Can utilize effective communication for the different situational needs of audiences (e.g., children with disabilities; particular cultural, ethnic, or economic groups). 2. Can observe and assess the children's and staff's communication effectiveness and provide feedback to facilitate improvement of communication in the Caregiving program. 3. Can participate in planning activities with other teachers, parents, and staff members to maximize communication in the Caregiving program. 4. Can demonstrate awareness of different communication styles of children with varying degrees of abilities and disabilities by experimenting with different models to increase effective communication skills.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 1. BASIC COMMUNICATION SKILLS
A. STYLES

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
5. Has knowledge of differences in communication patterns of children with varying degrees of abilities and disabilities.	5. Can identify verbal and non-verbal communication patterns of children by their imitation, conversation, and play.
6. Has knowledge of informal and formal procedures and instruments for assessing communication effectiveness (e.g., observation, Transactional Analysis, Flanders' Interactional Analysis, Environmental Prelanguage Battery, Environmental Language Inventory).	6. Can demonstrate awareness of new developments in the field of communication by experimenting with new communication patterns in the Caregiving Program (e.g., Powell's peak communication; gut level ideas and judgments; sense input, thoughts, feelings; Satir's placating, blaming, distracting, computing).
7. Has knowledge of findings and can raise relevant questions concerning current research on communication styles, and new methods of communication with handicapped children.	7. Can plan a component of a parent education program on effective communication.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 1. BASIC COMMUNICATION SKILLS
B. SOCIAL CONTEXTS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about communication within different social contexts (e.g., dyadic, group, intergroup, and organizational systems). 1. Has knowledge of communication roles assumed by participants in different social contexts. 2. Has knowledge of leadership styles and management of communication within different social contexts. 3. Has knowledge of decision-making processes in each social context (e.g., difference between small group and large organization). 4. Has knowledge of procedures for conflict management (e.g., authoritarian, democratic; mediation, confrontation).	B-2. Able to apply knowledge of communication within different social contexts (e.g., interpersonal, group, intergroup, and organizational systems). 1. Can observe an ongoing group and identify the roles assumed by various members (e.g., leader, blocker, recorder; task and maintenance). 2. Can demonstrate effective leadership of a group. 3. Can observe, analyze, and critique decision-making processes and conflict management processes to determine the effectiveness of the communication in each of the different social structures. 4. Can manage conflict situations between children, parents, and staff by sorting out relevant factors and directing the conflict into the problem-solving/decision-making arena. 5. Can evaluate and improve own behavior in decision-making and conflict management situations. 6. Can assist others to participate more effectively in group processes.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 1. BASIC COMMUNICATION SKILLS
C. COMMUNICATION NETWORK

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about components of the communication network in the Caregiving program. 1. Has knowledge of informal and formal networks of communication in the Caregiving program and how they facilitate the Caregiving of handicapped children. 2. Has knowledge of: a) categories of open and privileged information (i.e., that information available to a selected audience) b) channels for communicating to appropriate persons (e.g., records, newsletter, memo, telephone, conference). 3. Has knowledge of verbal and non-verbal skills necessary for communication with and between adults in the Caregiving program. 4. Has knowledge of areas in the Caregiving program which require staff cooperation during assessing, planning, implementing, and evaluating. 5. Has knowledge of special problems of parents of a child with disabilities and how they affect the communication process.	C-2. Able to apply knowledge of the components of the communication network in the Caregiving program. 1. Can identify both the informal and formal components of the communication network (e.g., staff relationships, norms, staff rules and procedures) and can identify ways in which they do or do not facilitate communication. 2. Can utilize the Caregiving program's channels for open and privileged communication and respect confidentiality of selected information. 3. Can utilize verbal and non-verbal skills with persons in the communication network to facilitate Caregiving for handicapped children. 4. Can build a communication network which facilitates staff teamwork in the Caregiving Program. 5. Can effectively participate in Caregiving conferences by: a) utilizing communication network for information input and feedback b) taking into account the special needs and coping problems of the parents

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 1. BASIC COMMUNICATION SKILLS
C. COMMUNICATION NETWORK

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
6. Has knowledge of areas in the Caregiving program where parent involvement is desirable (e.g., establishing program goals, field trips, teacher aides) and the need for effective communication between caregivers, parents, and handicapped children.	c) utilizing communication skills (e.g., dealing with parents' and own feelings - ambivalence, frustration, over-protection, pride) d) utilizing conference outcomes to reset short- and long-range Caregiving goals.
7. Has knowledge of how Caregiving conferences (e.g., parent-teacher-resource person; parent-teacher-child) fit into the network of communications: a) purposes for conferences b) sources of information input into communication network for conferences c) conducting of conferences d) utilization of outcomes of conferences in the Caregiving program.	6. Can plan a component of a Caregiving program which enhances level of parent involvement in the communication network.
8. Has knowledge of the role of the community (e.g., library, financial aid, volunteers) in the communication network of the Caregiving program.	7. Can determine the interrelationship of the Caregiving program and the community and establish an environment in which: a) feedback is provided by the community and utilized by the Caregiving program b) feedback is provided by the program and utilized by the community.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT

2. The trainee will have competence in knowledge and application of communication skills necessary for establishing and maintaining an effective Learning Environment: (A) Security, Trust, and Respect; (B) Verbal and Non-Verbal Skills; (C) Positive Management.

KNOWLEDGE COMPONENT

A-1. Knowledgeable about security, trust, and respect in relation to the Caregiving environment.

1. Has knowledge of the developmental bases of security, trust, and respect in relation to the Caregiving environment.

2. Has knowledge of special needs of handicapped children in their development of security, trust, and respect.

3. Has knowledge of Caregiver behaviors which foster security, trust, and respect in the Caregiving environment.

4. Has knowledge of curricular activities which foster security, trust, and respect in the Caregiving environment.

APPLICATION COMPONENT

A-2. Able to apply knowledge of security, trust, and respect in relation to the Caregiving environment.

1. Can model behavior which demonstrates awareness of the value of human dignity.

2. Can accept each child as a valuable individual without stereotyping the child according to race, sex, social background, or handicap.

3. Can demonstrate respect for each child's potential and accept contributions of all children.

4. Can demonstrate awareness of influence of family background as reflected in children's values and behavior, and accept and value culture diversity as natural and enriching.

5. Can demonstrate, by verbal and non-verbal behavior, that Caregiver values people more than things.

6. Can modify prejudices, beliefs, and behaviors which tend to affect others adversely.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT
A. SECURITY, TRUST, AND RESPECT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	7. Can demonstrate empathy for others (adults and children) by understanding and accepting their feelings about handicapping conditions. 8. Can promote children's respect for the rights and property of others, and understanding and appreciation of individual differences in each other. 9. Can select and carry out curricular activities which foster security, trust, and respect in the Caregiving environment.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT
B. VERBAL AND NON-VERBAL SKILLS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about verbal and non-verbal skills necessary for communication with and between infant and preschool children with disabilities. 1. Has knowledge of special communication needs of infant and preschool children with disabilities. 2. Has knowledge of Caregiver behaviors which foster effective communication with and between infant and preschool children with disabilities consistent with each Early Childhood Education curriculum model. 3. Has knowledge of curricular activities which foster effective communication with and between infant and preschool children with disabilities.	B-2. Able to apply knowledge of verbal and non-verbal skills necessary for communication with and between infant and preschool children with disabilities. 1. Can determine handicapped child's level of communication skills and communication needs. 2. Can personalize communication skills by giving individual attention and providing physical contact (e.g., use child's name, hug child). 3. Can demonstrate feelings to children and help them express their own feelings verbally and non-verbally (e.g., verbalize descriptions of children's emotional state; show, by vocal and facial expression, that Caregiver is aware of child's feelings). 4. Can promote the child's understanding and appreciation of individual physical and social differences in each other and the limits these differences impose on their communication. 5. Can respond to children so that they feel secure enough to express themselves openly and honestly. 6. Can provide supportive environment for distraught child.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT
B. VERBAL AND NON-VERBAL SKILLS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	7. Can utilize communication skills to enhance curricular activities. 8. Can select and carry out curricular activities which foster effective communication with infant and preschool children with disabilities.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT
C. POSITIVE MANAGEMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about skills needed for positive Caregiving program management. 1. Has knowledge of reasonable limits for normal and handicapped child's behavior and the need for flexibility and adaptability to changing circumstances in the Caregiving program within each Early Childhood Education curriculum model. 2. Has knowledge of Caregiver behaviors which foster positive Caregiving program management (e.g., reinforcing child's behaviors, rule setting, rearranging physical environment). 3. Has knowledge of curricular activities which foster positive Caregiving program management. 4. Has knowledge of special behavior problems associated with disabilities (e.g., head-banging, self-mutilation, self-stimulation, hyperactivity).	C-2. Able to apply knowledge of skills needed for positive Caregiving program management. 1. Can manage classroom environment patiently, firmly, and with reasonable limits on child's actions without losing flexibility and adaptability to changing circumstances. 2. Can select and carry out positive behavior management procedures for infant and preschool children which are developmentally appropriate to the individual child's abilities and disabilities and are consistent with the Early Childhood Education curriculum model. 3. Can demonstrate responsiveness to ongoing situations and potential problems in the Caregiving environment by: a) discriminating between constructive and destructive deviant behaviors b) handling behavior problems independently and consistently with a minimum of disruption to the rest of the group c) handling behavior problems precipitated by the exceptionality of the child d) using praise and constructive criticism effectively e) knowing when to intervene and when not to intervene

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 2. LEARNING ENVIRONMENT
C. POSITIVE MANAGEMENT

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
	f) reinforcing child's creative behavior g) maintaining supportive behavior in emergency situations. 4. Can establish an environment which allows for individual differences in use of time, space and instructional materials. 5. Can modify instructional activities during ongoing activities contingent upon child's responses. 6. Can select and carry out curricular activities which foster positive Caregiving program management. 7. Can support freedom of thought and expression among children and staff, and can involve individuals affected by the outcomes of a decision in the decision-making process. 8. Can cooperate with staff and children in working toward common goals.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 3. PERSONAL AND PROFESSIONAL GROWTH

3. The trainee will have competence in knowledge and application of the bases of personal and professional growth: (A) Positive Self-Concept and a Conscious Life Philosophy; (B) Involvement with Others; (C) Information Systems; (D) Self-Evaluation.

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
A-1. Knowledgeable about development of a positive self-concept and a conscious life philosophy. 1. Has knowledge of theories of development of a positive self-concept (e.g., Perls, Rogers, Maslow, Combs, Jouard). 2. Has knowledge of the process of developing a conscious life philosophy (e.g., value development, value clarification, and goal-setting).	A-2. Able to apply knowledge of development of a positive self-concept and a conscious life philosophy. 1. Can demonstrate positive self-concept by: a) accepting self - identifying and understanding own needs b) understanding the effect of both positive and negative self-concept on behavior c) behaviorally demonstrating confidence in succeeding at tasks d) demonstrating control and acceptance of responsibility for own actions e) identifying own and others' feelings and dealing with them responsibly f) demonstrating willingness to take risks and acceptance of failures. 2. Can demonstrate awareness of processes involved in self-actualization. 3. Can examine own value position critically (e.g., evaluates beliefs, superstitions, biases, and stereotypes) and develop a value system which maintains, protects and enhances self. 4. Can relate knowledge of self to teaching practices, adults, and children in the Caregiving program.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 3. PERSONAL AND PROFESSIONAL GROWTH
B. INVOLVEMENT WITH OTHERS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
B-1. Knowledgeable about self growth through involvement with others.	B-2. Able to apply knowledge of self growth through involvement with others.
1. Has knowledge of supports for self growth (e.g., children, parents, staff, community, professional organizations).	1. Can participate in activities with other Caregivers which contribute to growth of self and others (e.g., observes other Caregiver's techniques, participates in in-service training, attends programs and events sponsored by other staff members, participates in group-process workshop).
2. Has knowledge of personal and professional strengths and weaknesses of self and other staff members and how they complement each other in the Caregiving program.	2. Can engage in activities in the community which contribute to growth of self and others (e.g., attends educational seminars and workshops, speaks at community functions, offers services to community).
	3. Can identify and work cooperatively with professional organizations related to the field.
	4. Can make decisions about and initiate actions which enhance personal and professional growth.
	5. Can utilize outcomes of involvement with others to improve teaching practices and the Caregiving program.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 3. PERSONAL AND PROFESSIONAL GROWTH
C. INFORMATION SYSTEMS

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
C-1. Knowledgeable about information systems and their utilization. 1. Has knowledge of available information systems and methods of locating, acquiring, organizing, analyzing, and communicating information. 2. Has knowledge of categories of information which are available in information systems and are appropriate to personal and professional growth.	C-2. Able to apply knowledge of information systems and their utilization. 1. Can select and utilize appropriate information systems (e.g., persons, library, media, ERIC, MIC, university, government agencies) and organize, analyze, and communicate information effectively. 2. Can follow current events (e.g., legal rights of children and minorities, legislation, natural disasters, pollution alerts, government policies) and can specify their implications for infant and preschool children with disabilities. 3. Can demonstrate knowledge of current literature, developments, and trends in the area of personal growth. 4. Can demonstrate knowledge of current literature, developments, and trends in the area of Caregiving for infant and preschool children. 5. Can interpret information on personal and professional growth and relate it to teaching practices and the Caregiving program consistent with each Early Childhood Education curriculum model.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS: 3. PERSONAL AND PROFESSIONAL GROWTH
D. SELF-EVALUATION

KNOWLEDGE COMPONENT	APPLICATION COMPONENT
D-1. Knowledgeable about self-evaluation for personal and professional growth. 1. Has knowledge of methods of evaluating own teaching behavior (e.g., targeting and charting behaviors, Flanders' Interaction Analysis, Teachers' Practices Observation Record). 2. Has knowledge of techniques and processes of self-evaluation (e.g., professional growth checklist, parent evaluation, student evaluation, video tapes of self in action).	D-2. Able to apply knowledge of self-evaluation for personal and professional growth. 1. Can utilize appropriate techniques for self-evaluation including: a) systematic observation data b) interaction analysis data c) audio-visual feedback d) verbal and written feedback from children, peers, and parents e) professional growth checklist data f) activities with others. 2. Can interpret and respond to feedback from self-evaluation techniques (as above) and: a) modify behavior as an outcome of self-evaluation b) identify skills which have improved as a result of responding to self-evaluation c) identify needs for personal change.

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EXPERIENCE COMPONENT

EXAMPLES OF EXPERIENCES

The following is a collection of experiences which may facilitate the training and development of competent Caregivers for infant and preschool children with disabilities. They are cited only as examples of possible experiences and as a starting point for program development, and are not inclusive of the total range of possible experiences or of the total process for training competent Caregivers. It should be noted that criteria for evaluating trainee's performance in these experiences have not been included in this document; it is assumed that specification of evaluation criteria for both competencies and experiences cited in this current document will be determined individually. The examples of experiences are given in two sections:

1) The first section corresponds to the four competency areas in the body of the document (I. Bases of Child Growth and Development; II. Caregiving Approaches; III. Caregiving Curriculum and Physical Environment; and IV. Self Development and Human Relations).

2) The second section cites experiences which integrate competencies across the four areas cited in number 1 above.

It is intended that these examples of experiences will serve as a starting point and as a basis for further development of training experiences.

EXAMPLES OF EXPERIENCES: SECTION ONE

I. BASES OF CHILD GROWTH AND DEVELOPMENT

1. Observe a handicapped child and a normal child of approximately the same chronological age:
   a) compare and contrast their behavior
   b) interpret the behavior of each according to each major theory of child development.

2. Visit one of the following:
   a) genetic counseling center
   b) prenatal clinic
   c) childbirth education class (e.g., LaMaze, LaLeche, prenatal class)
   d) birth defects clinic
   and report findings orally or in writing.

3. Find evidence to prove or disprove old wives' tales regarding pregnancy, birth, and the newborn.

4. Find evidence to prove or disprove old wives' tales regarding handicapped children.

5. Design and present a parent education program on the physical and mental changes occurring in infancy.

6. Do a longitudinal case study of one infant at developmental risk and one not at developmental risk.

7. Observe two or three families from different cultural backgrounds and socio-economic levels. Interview the parents regarding their own childhood experiences. Observe individual differences among parents and infants. Describe the various styles of interaction observed and try to ascribe them to one or more of the main determinants of styles of interaction. Assuming family conditions do not change, what would you predict regarding the children's emotional and social development?

8. Observe three parent-infant groups and describe level of attachment and styles of interaction.

9. Observe a baby at home for at least one hour a week for four weeks. Obtain a history of his physical growth, motor development, and neurological development. Describe his growth and motor activity as observed and determine whether they fall within the normal range. Explain any discrepancies. Describe the particular environmental factors which you think have influenced his physical, motor, and neurological development.

10. Chart fine-motor, gross-motor behaviors for five three-year-old children with different handicapping conditions.

11. Read Piaget's theory of intellectual development:
    a) observe a different baby in each of the six stages of the sensori-motor period. Record their behavior and explain it in terms of Piaget's theory
    b) carry out Piaget's experiment in conservation initially with four-year-old and then with eight-year-old to gain first ..nd understanding of cognitive development.

12. Observe the administration of the following intelligence tests:
    a) Stanford-Binet
    b) Bayley Scales of Infant Development.

13. Administer the following tests:
    a) Denver Developmental Screening Test
    b) Thorpe Developmental Inventory
    c) Developmental Profile .

14. Interview members of different cultural groups to find out their definition of intelligence during the preschool years.

15. Research and report on how various physiological or neurological defects can hinder speech and language development. Visit a speech and language clinic to gain first-hand knowledge.

16. Observe preschool children in the various stages of language development (egocentric, socialized). Describe how each one communicates his/her needs, wants, and feelings. Try to determine what environmental factors exist for each child that would impede or accelerate language development.

17. Observe a child in his home environment and describe what attitudes and methods of socialization are being used by the family. Include explanations regarding eating, toilet training, aggression, sex-typing and other pertinent social behavior.

18. Work with a mother, father, and infant (under six months old) and share the Caregiving responsibilities of bathing, feeding, dressing, and diapering.

19. In a nursery school or day care center, choose three handicapped children who are approximately the same chronological age but at different developmental levels of adaptive behavior and work with the children in developing adaptive and socialization skills.

20. Complete American Red Cross First Aid course.

21. Assess a child's average weekly diet and plan a nutritionally adequate weekly diet for a disadvantaged preschool child which follows cultural norms and reflects family's economic situation.

22. Plan a full day's menu for a handicapped child which takes into account child's preferences, allergies, medication and doctor's advice.

23. Observe a program focusing on intervention for infant or preschool children with disabilities. Report on:
    a) population of the classroom
    b) style of intervention
    c) materials used.

24. Write a case study of an infant or preschool child with a disability. The case study should include developmental history, family background, present developmental status and goals for education.

25. Study and report on cultural, regional, and economic variations of family structure at different stages of the life cycle.

26. Using own family as a resource, assess the processes through which the family achieved each developmental stage of the family life cycle.

27. Interview a parent of a handicapped child and obtain the following information:
    a) process of acceptance of handicapped child by parents (mourning process)
    b) sibling relationships
    c) level of acceptance of handicapped child by other relatives and members of the community
    d) changes in family patterns necessitated by presence of handicapped child in home.

II. CAREGIVING APPROACHES

28. Assess the developmental status of an infant or preschool child and systematically collect data on the child which would be useful in meeting Caregiving goals.

29. Plan a program for participation of volunteers in the Caregiving Program.

30. Implement a lesson plan utilizing current Caregiving skills (i.e., play, adaptive behavior, literature, science, art, music, and drama and movement).

31. Select one area of development (e.g., gross motor functioning, fine motor functioning, cognitive development, socialization, language development, self-help skills, emotional needs) and chart baseline behavior for one week in a preschool child with a disability.

32. Visit and observe a Caregiving program for infant and preschool children with disabilities which primarily follows one Early Childhood Education curriculum model. Report observations in seminar for discussion of similarities and differences among models.

33. Visit a number of Caregiving programs and compare and contrast their delivery systems.

34. Prepare a position paper on the Early Childhood Education curriculum model which is consistent with own philosophy of child development. Defend choice in terms of all the major Early Childhood Education curriculum models.

35. Examine standard assessment and evaluation instruments and identify their purposes and methods of use in the Caregiving program.

36. From the assessment data available on the development of one or more children:
    a) interpret data to specify developmental level and needs of children
    b) develop plans based on assessment data to meet child's developmental needs.

37. Examine existing Caregiving plans and:
    a) identify potential problems in implementation of plans
    b) identify particulars of support system needed to implement plans
    c) evaluate potential of plans for meeting the developmental needs of children with particular disabilities.

38. Observe in a Caregiving program and implement one lesson plan developed by teacher that was observed.

39. Participate in the administering of one evaluation instrument in a Caregiving program.

40. Observe in a center, attend a staff meeting, and participate in identifying problems within the center and designing solutions intended to remediate problems.

41. Make a list of expenses (e.g., materials, equipment, salaries, overhead) required for a hypothetical Caregiving program:
    a) determine average cost for each item
    b) compare cost of idealized center to amount of operating money available in average center
    c) prioritize items within idealized budget and make decision as to what would be eliminated to work within budget of average center.

III. CAREGIVING CURRICULUM AND PHYSICAL ENVIRONMENT

42. Choose an infant or preschool child and apply the problem-solving process (i.e., assess, plan, implement, and evaluate) to develop and carry out appropriate curriculum experiences in: play, adaptive behavior, literature, science, art, music, drama and movement.

43. Observe children during play in order to identify and report to seminar on examples of imaginary play, fantasy, creative language, symbolism, dramatic, and socio-dramatic play.

44. Go to a bookstore specializing in children's books and select five books which are appropriate for storytelling with developmentally delayed children.

45. Observe an orthopedically handicapped child and a mentally retarded but physically normal child of approximately the same chronological age. Plan a lesson and show how lesson would differ for use with each of the children observed.

46. Select an ambulatory and non-ambulatory preschool child with a disability; plan and take a science field trip with the child.

47. Plan and implement a group art activity (e.g., mural, finger painting, paper mache) and photograph the children involved in the stages of the creative processes. Use the photographs and the children s art products as teaching tools

48. Plan and implement an individual and group music activity which combines rhythm instruments and vocalization. Tape-record activity and provide follow-up opportunity for children to hear their own sounds.

49. Plan and produce a puppet show with preschool children with disabilities. Encourage the children to interact with the puppets.

50. Design an "activity center": select instructional materials and physical equipment; specify management of space and scheduling of time.

51. Observe activities in one curriculum area within a Caregiving program and describe how activity would be same or different for each Early Childhood Education curriculum model.

52. Work with the teacher in a Caregiving program to evaluate the classroom equipment according to established criteria and make suggestions for improvements if necessary.

IV. SELF-DEVELOPMENT AND HUMAN RELATIONS

53. Plan and conduct a parent education workshop which focuses on ways parents may communicate more effectively with their children.

54. Participate in a "group process" experience intended to help sensitize self to own feelings.

55. Observe a staff meeting at a parent cooperative day care center and analyze roles assumed by the participants.

56. Involve parents in planning a field trip for preschool children in the Caregiving program.

57. Chart the communication hierarchy of a Caregiving environment and show how this would be the same or different in each Early Childhood Education curriculum model.

58. Interact with a child from a different cultural background and describe the ways in which the cultural background of the child differs from your own background.

59. Plan a curricular unit based on the theme "Respect for Others."

60. Practice using effective modes of non-verbal communication with infant and preschool children.

61. Observe children expressing their feelings in the Caregiving environment and report on ways to effectively respond.

62. Select a preschool child with a disability and set reasonable behavior limits based on the child's capabilities.

63. Practice management of a group of preschool children with disabilities during outdoor play.

64. Observe an ongoing Caregiving program and identify the classroom rules and behavior management techniques for implementing rules. Discuss observations with classroom teacher to confirm accuracy of observations and determine rationale behind rules.

65. Participate in a seminar on value clarification.

66. Practice expressing feelings verbally in different role-playing situations.

67. Participate in in-service training sessions for the Caregiving program.

68. Attend professional conference.

69. Conduct a Mechanized Information Center search.

70. Plan a community education workshop based on legal rights of children and minorities.

71. Take part in a video-taped micro-teaching experience for the purpose of self-evaluation. Participate in a seminar to share tapes with other trainees and elicit peer evaluation.

72. Plan and conduct a parent-teacher conference.

EXAMPLES OF EXPERIENCES: SECTION TWO

Participate in a series of team problem-solving experiences focusing on problems in E· ·ly Childhood Education for children with a disability. Trainee alternately assumes responsibility for team ·dership, team membership, information gathering, and reporting. Trainee is responsible for competence in human relations aspects of team problem-solving. Possible problem situations include:

1) simulations of Caregiving situations and Caregiving roles

2) investigation of current research on Early Childhood Education and learning disabilities

3) exploration of case study problems in Early Childhood Education for children with a disability

4) investigation and comparison of record-keeping systems in a number of Caregiving programs with emphasis on similarities, differences, pedagogical assumptions, and implications for Caregiving environment

5) investigation and comparison of support systems in a number of Caregiving programs with emphasis on similarities, differences, pedagogical assumptions, and implications for Caregiving environment

6) investigation and comparison of Early Childhood Education curriculum models in a number of Caregiving programs with emphasis on similarities, differences, pedagogical assumptions, and implications for Caregiving environment

7) investigation and comparison of delivery systems in a number of ongoing Caregiving programs

8) development of a Caregiving program design; process demonstrates evolution of problem-solving and awareness of problems, issues, theory, and research

9) identification and investigation of needs and/or problems in one or more Caregiving programs; team makes recommendations for action that demonstrate evolution of problem-solving process and are consistent with theoretical formulations and research findings.

Participate in a series of individual problem-solving experiences focusing on problems in Early Childhood Education for children with a disability. Possible problem situations include:

1) substitution or duplication of team problem solving experiences (1 through 8 on preceding page) as individual problem-solving experiences

2) given an ongoing Caregiving program, the trainee assesses the developmental status of a child with a specific disability and plans, implements, and evaluates a design to meet a developmental need of the child. Design must be consistent with theory and research and the pedagogical model of the particular Caregiving program. Process may be repeated to include experience with children with different disabilities and different pedagogical models.

GLOSSARY

GLOSSARY

Assessment (ing): Studying the status quo (e.g., child's development, family functioning, equipment, personnel, etc.) to secure data for use in determining needs for maintaining and changing the Caregiving program. (Townsend - SEST, 1974). The first stage of problem-solving (see also Problem-Solving).

Behavior Modification Curriculum Model: An Early Childhood Education Curriculum Model based upon the work of Ivan Pavlov and B.F. Skinner which has as its primary goal the alteration of behavior. Teachers in this type of program utilize: 1) keen observation and specific identification of behavior to be modified; 2) precise baseline measurement of behavior to be modified; and 3) implementation of modification procedures designed to increase, decrease, extend, restrict, teach, or maintain behavior.

Caregiver Role: The collection of professional responsibilities and functions associated with the teacher (Caregiver) of preschool children with disabilities. It is assumed that some dimensions of those responsibilities and functions may differ depending upon perceived implications of the instructional model employed (see Early Childhood Education Curriculum Models).

Caregiver/Self: Generally, any individual occupying the role of teacher (Caregiver) of preschool children with disabilities, specifically (in the context of this document), each trainee occupying the role of teacher (Caregiver).

Caregiving: The process of providing developmental experiences for infant and preschool children which enhance growth and development (e.g., physical, emotional, cognitive, social areas).

Caregiving Approaches: A pattern of methods or strategies for operating a Caregiving program and for teaching individual or groups of children with disabilities. Caregiving Approaches included in this document are "Problem-Solving" and Models of Early Childhood Education" (see Glossary entries).

Caregiving Curriculum: The skills and information which together comprise the planned areas of instruction (e.g., creative arts, nature science, play) for the infant and preschool child with disabilities in the Caregiving program.

Caregiving Environment: The physical setting and the cognitive and affective climate in which a Caregiving program is carried out.

Caregiving Goals: A set of aims and objectives for: 1) the Caregiving program; 2) the development and instruction of groups of children with disabilities: and/or 3) the development and instruction of individual children with disabilities.

Caregiving Problems: Dysfunctions in the carrying out of Caregiving processes and goals.

Caregiving Program: An organized set of goals, objectives, activities, materials, and equipment; plus the personnel, instructional strategies, and evaluation procedures used in a Caregiving environment to provide developmental care for infant and preschool children with disabilities present in the Caregiving environment.

Caregiving Program Needs: Those needs which arise from discrepancies between stated and operating goals of the Caregiving program.

Caregiving Support Systems: Those human and technical elements of the Caregiving program which facilitate the carrying out of Caregiving goals, including staff, parents, community resources, equipment, materials, facilities, space, and time.

Child Development Curriculum Model: An Early Childhood Education Curriculum Model characterized by a physical environment arranged in "activity areas." The teacher assumes a directive role, planning specific activities for the children and communicating with them often, while allowing some time for the child to choose own materials and activities.

Child with a Disability: A child who has a neurological, physical or motor impairment which causes a developmental deviation from the "normal" child.

Communication: Initiating and responding verbally and non-verbally to children and adults.

Communication Abilities: The development and use of speech and language skills.

Communication Network: System of organization for facilitating the communication process.

Communication Style: The form, appearance, character and mode of action with which one communicates.

Community: Group of people whose members reside in the catchment area of the Caregiving program.

Community Resources: The potential supports (monetary, human, physical, etc.) in a community for the Caregiving program.

Competence: The quality or state of having those abilities necessary to the Caregiving Role as possessed by persons relevant to the Caregiving program (i.e., trainee, teacher, parents, staff, and community resources).

Component: A constituent part of the Caregiving program that serves or helps to constitute the whole.

Conflict Management: Manner of controlling, handling and directing controversy.

Design: A plan aimed at a particular person.

Developmental Sequence: The expected change in a particular aspect of child behavior which is based upon the combination of maturational and learned responses.

Early Childhood Education Curriculum Models: A collection of instructional strategies or approaches which represent a range of theoretical positions and serve individually as the theoretical and operational bases for Caregiving programs. The Early Childhood Education Curriculum Models included in this document are: 1) behavior modification; 2) open education; 3) Montessori; 4) physical/motor development; 5) child development; and 6) medical.

Emotional and Behavioral Disabilities: A state which indicates a deviation from age-appropriate behavior which significantly interferes with: 1) the child's own growth and development and/or 2) the lives of others. Behavior disorders may be broadly classified into three types: 1) the unsocialized aggressive child; 2) the socialized aggressive child; 3) the overinhibited child.

Evaluation (ing): Securing, analyzing and interpreting information on the Caregiving program to provide feedback for all relevant persons, including children, staff, community resources, and self, to use in maintaining or changing the Caregiving program (Townsend - SEST, 1974). The fourth stage of problem-solving (see also Problem-Solving).

Feedback: Communication between/among persons in the Caregiving program which provides information on any aspect of Caregiving.

Handicapped Child: See "Child with a Disability."

Hearing Impairment: A state which can be classified as: 1) congenital deafness or acventitious deafness; 2) hard of hearing. Any classification is incomplete unless it takes into account all variables, such as: 1) degree of hearing loss; 2) age at onset; 3) type of hearing loss.

Identify: To determine and enumerate verbally or in writing the components (of a given object, event, or process) and their interrelationship.

Implement (ing): Carrying out and accomplishing a plan for maintaining and changing the Caregiving program (adapted from SEST, 1973). The third stage of problem-solving (see also Problem-Solving).

In-service Training: Experiences in the context of the Caregiving program which are designed to provide opportunities for improvement of professional skills.

Infancy: The developmental time span between birth of a baby and about 24 months; or until a child has accomplished the congitive, psychomotor, and socio-emotional milestones characteristic of normal development during the first 24 months of life.

Instructional Strategy: The behavior patterns of an individual engaged in the process of Caregiving or teaching another individual or group of individuals.

Language Disabilities: A state which impedes the undistracted interchange of verbal language, which is free from grimaces, phonemic misarticulations, unnatural and unusual voice qualities, speaking rates, and rhythms. Speech defects include: 1) disorders of articulation; 2) disorders of voice; 3) stuttering; 4) retarded speech development; 5) cleft palate; 6) cerebral palsy; 7) impaired hearing; 8) aphasia and related disorders.

Learning Activity: A planned event or sequence of events intended to bring about a change in the progress or direction of a child's development.

Learning Disabilities: A state of specific retardation or disorder in one or more of the processes of speech, language, perception, behavior, reading, spelling, writing, or arithmetic (Kirk).

Low Intelligence: The child with low intelligence differs from the average child in social, mental, and educational growth. This child may also have intra-individual differences and require certain adaptations of educational practices. An I.Q. score of below 80, according to Terman.

Mainstreaming: The integration of the handicapped child into the normal/regular class. Integration is for as much of the day as the child's ability will permit.

Medical Curriculum Model: An Early Childhood Education Curriculum Model used in the hospital setting which provides a temporary in-house educational program for children confined to the hospital. Primary concerns of these programs are the social, emotional and physical aspects of the child's health, providing a secure, realistic and child-like environment within a setting which could be threatening, and making parents an integral part of the program.

Mental Characteristics: Those primary areas of cognitive ability which are indicative of the rate and style of a child's information processing.

Montessori Curriculum Model: An Early Childhood Education Curriculum Model based on the work of Maria Montessori and characterized by the use of specific materials designed to: 1) develop sensory skills; 2) allow children to carry out practical life activities; and 3) teach writing and arithmetic. Children are free to select their own activities, although teacher suggestions are sometimes offered. Children work individually with the materials, only occasionally joined by a teacher to demonstrate the use of a particular material.

Motor Disabilities: Those disabilities arising from neurological impairment (e.g., cerebral palsy) or physical impairment (e.g., muscular dystrophy).

Needs: See "Caregiving Program Needs."

Net System of Support: Every resource used by a family that helps to maintain and enhance its structure, functions and interaction patterns.

Neurological Impairment: A handicapping condition due to lack of complete development or injury to the central nervous system. Major neurological disabilities are: 1) cerebral palsy; 2) epilepsy; 3) spina bifida.

Open Education Curriculum Model: An Early Childhood Education Curriculum Model arising out of the "British Infant School Movement." Emphasis is placed on the child's strong, inherent desire to learn and make sense out of the environment. The teacher's role is that of partner and guide in the learning process. Children are free to select and initiate activities within any of the "Activity areas" and a child is allowed to work according to his/her own way of learning and abilities.

Parent Education: Systematic and organized dissemination and sharing of information among and between staff and parents in the Caregiving program.

Parent Involvement: The direct participation of parents in the Caregiving program (e.g., planning curricular activities, teaching, constructing equipment, developing materials).

Physical Characteristics: The state of a child's physical being (e.g., height, weight, muscle strength and tone, posture, balance, coordination).

Physical/Motor Development Curriculum Model: An Early Childhood Education Curriculum Model in which development of motor skills and improvement of physical functioning is the primary goal. Teachers plan activities for individual children based upon their present motor functioning and prescribed goals. With the use of special adaptive equipment, staff members provide therapy for the individual child through play activities. Staff members are usually those trained in occupational and/or physical therapy.

Planning: Developing guidelines for actions to: 1) maintain; and 2) implement goal-directed change in the Caregiving program (adapted from SEST, 1973). The second stage of problem-solving (see Problem-Solving).

Preschool: The developmental time span between the end of infancy and six years of age; or, until the child has accomplished the cognitive, language, psychomotor, and socio-emotional milestones characteristic of normal development between two and six years of age.

Problem(s): See "Caregiving Problems."

Problem-Solving: A process for systematic identification and resolution of Caregiving Needs and Problems comprised of four interrelated stages: assessing, planning, implementing, and evaluating (see individual Glossary entries).

Resources: People, information, equipment, and actions which are readily available and can be drawn upon for aid or assistance.

Sensory Abilities: A child's capacity to receive information through the various modalities (i.e., vision, hearing, touch, taste, and smell).

Social and Emotional Behavior: Overt activities of a child indicating a state of affective development (e.g., attachment patterns, play, self-direction, task-oriented behavior, degree of aggression, creativity, use of exploration).

Staff: Those persons who perform a service on a continuous basis for the Caregiving program.

Theoretical Orientations: A set of basic assumptions adhered to by a theorist or group of theorists which are different from the basic assumptions of other theorists within the same content area.

Trainee: An undergraduate student (School of Home Economics, Family and Child Development Division, The Ohio State University) studying to become a professional Caregiver of infant and preschool children with disabilities.

Visual Impairment: A handicapping condition identified on the basis of: 1) the physical measurements of visual accuity and narrowness of the visual field; and/or 2) the use that is made of the visual sense modality for learning. Children with visual impairment can, for educational purposes, be grouped into one of the following categories: 1) visually impaired children who can learn to read print; 2) blind children who cannot learn print and need instruction in braille.

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